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**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90098 048 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 748064**

1. Corporation Name

**THE CALVARY BAPTIST CHURCH OF PORT ST. LUCIE, FL  
ORIDA, INC.**

Principal Place of Business

301 S.W. WEST VIRGINIA DR.  
PORT ST LUCIE FL 34983

Mailing Address

301 S.W. WEST VIRGINIA DR.  
PORT ST LUCIE FL 34983



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/12/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2830561

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRESTON, HERBERT F  
1434 S.W. BROADVIEW ST.  
PORT ST LUCIE FL 34983**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **MCDONALD, SANDRA**  
STREET ADDRESS **903 JACKSON WAY**  
CITY-ST-ZIP **FORT PIERCE FL 34949**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **RYAN, HARRY**  
STREET ADDRESS **591 CONOVER ST**  
CITY-ST-ZIP **PT ST LUCIE FL 34983**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **DORIS M. PRESTON**  
2.3 STREET ADDRESS **1434 S.W. BROADVIEW ST.**  
2.4 CITY-ST-ZIP **PORT ST. LUCIE, FL 34983**

TITLE **D** ☐ DELETE  
NAME **LOFTON, JOE**  
STREET ADDRESS **2103 HILLS CT**  
CITY-ST-ZIP **FORT PIERCE FL 34950**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE  
NAME **PRESTON, HERBERT F**  
STREET ADDRESS **1434 S.W. BROADVIEW STREET**  
CITY-ST-ZIP **PORT ST LUCIE FL 34983**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **CARTER, WALLACE**  
STREET ADDRESS **510 S.W. LUCERO DR.**  
CITY-ST-ZIP **PORT ST LUCIE FL 34983**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-99

340-0260

Date

Daytime Phone #

CR2E037 (1/98)