FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **764183** **(0)**

1. Corporation Name

CALVARY ASSEMBLY OF GOD OF SARASOTA, FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6461 PROCTOR RD. SARASOTA FL 34241 US	P. O. BOX 19555 SARASOTA FL 34276 US

3. Date Incorporated or Qualified: **07/16/1982**
3a. Date of Last Report: **07/29/1994**
4. FEI Number: **59-2387910** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RON WALKER
6461 PROCTOR ROAD
SARASOTA FL 34241

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	S/D	☒ Change ☐ Addition
NAME	BEVERLY, LARRY	1.2 NAME	Karen Garner	
STREET ADDRESS	3965 PRADO DR	1.3 STREET ADDRESS	3226 Spainwood Drive	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL	
TITLE	SD	2.1 TITLE	D	☒ Change ☐ Addition
NAME	PHILLIPS, RICK	2.2 NAME	Larry Schumaker	
STREET ADDRESS	4385 BRANDYWINE DR	2.3 STREET ADDRESS	5139 Ithaca Lane	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota Fl.	
TITLE	D	3.1 TITLE	D/T	☐ Change ☒ Addition
NAME	HULL, DON	3.2 NAME		
STREET ADDRESS	3762 HEATHER LAKE CIR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, RON	4.2 NAME		
STREET ADDRESS	4720 COUNTRY OAKS BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	Gary Schwartz	
STREET ADDRESS		5.3 STREET ADDRESS	2253 Roselawn	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Sarasota FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ Ron Walker [813] 923-1592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044072