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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 764183 (0)

1. Corporation Name

SARASOTA CALVARY TEMPLE OF THE ASSEMBLIES OF GOD , INC.

Principal Place of Business	Mailing Address
6461 PROCTOR RD. SARASOTA FL 34241 US	P. O. BOX 19555 SARASOTA FL 34276-2555 US

3. Date Incorporated or Qualified: 07/16/1982
3a. Date of Last Report: 05/01/1996

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

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCOTT, DANIEL E. 2033 MAIN STREET CENTER POINT SUITE 408 SARASOTA FL 34237	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		Delete	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Change	Addition
TITLE	VD	☐	1.1 TITLE: SD	☒	☐
NAME	GARNER, KAREN		1.2 NAME: Garner, Karen		
STREET ADDRESS	3226 SPAINWOOD DRIVE		1.3 STREET ADDRESS: SAME		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐	2.1 TITLE: VD	☒	☐
NAME	SCHUMAKER, LARRY		2.2 NAME: Schumaker, Larry		
STREET ADDRESS	5139 ITHACA LANE		2.3 STREET ADDRESS: SAME		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	DT	☐	3.1 TITLE	☐	☐
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: PD	☒	☒
NAME	~~COX, RUSSELL J.~~		4.2 NAME: Young, Scott		
STREET ADDRESS	~~217 WORRINGTON ST~~		4.3 STREET ADDRESS: 6461 Proctor Rd.		
CITY-ST-ZIP	~~SARASOTA FL~~		4.4 CITY-ST-ZIP: Sarasota, FL		
TITLE	D	☐	5.1 TITLE	☐	☐
NAME	SCHWARTZ, GARY		5.2 NAME		
STREET ADDRESS	2253 ROSELAWN		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
TITLE		☐	6.1 TITLE	☐	☐
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: [signature] Apr 8 1997