FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
POCUMENT #

N21290

(4)

SIERR	A NORWOOD CALVARY BA	PTIST CHURCH, INC.				
Principal Plac	ce of Business	Mailing Address				ISIN BUBUL ENDIN BIBIN BIBIN IBBI
495 NW 191 STREET MIAMN FL 33169		495 NW 191 STREET MIAMI FL 33169			3. Date Incorporated or Qualified 06/24/1987 4. FEI Number	L Applied Fav
					59-2741911	Applied For Not Applicable
21 26		2a. Mailing Address 26			Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Sta	te	City & State		· · ·	7. Is this nonprofit corporation a homeowner	
Zip	Country	Zip	Country	· · · · · · · · · · · · · · · · · · ·	☐ Yes	□ No
24	25	29	30		 This corporation owes or has paid the current Personal Property Tax due June 30. 	irrent year Intangible ☐ Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	
		-	81	Name		
LEDGISTER, REV. RICHARD 2252 NW 195 ST			82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
	22180		83			
MIL WITH T	33056		84	City		
				•	FL	85 Zip Code
• Pursuant office or	to the provisions of Sections 617.05 registered agent, or both, in the State	02 and 617.1508, Florida Statute e of Florida. Such change was a	es, the above authorized by	e-named co the corpor	progration submits this statement for the purpose cation's board of directors. I hereby accept the ap	of changing its registered pointment as registered
	am familiar with, and accept the oblig	gations of, Section 617.0503, Flo	orida Statutes	i.	· , ,	
SIGNATURE	Signature, typed or printed name of registered ag	ont and title it applicable. (NOT)	E: Repistered Age	nt signature reg	guired when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	CEO	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	LEDGISTER, REV. RICHARD		1.2 NAME			
STREET ADDRESS	2252 NW 195TH STREET		1.3 STREET	i		
TITLE	MIAMI FL S	DELETE	1.4 CITY-S	T-ZIP		D Addition
NAME	BROWN, DEAVELYN		2.1 TITLE			L. Change L. Addition
STREET ADDRESS	84 NE 205 TERRACE		2.2 NAME 2.3 STREET	ADDDECC	art 3	
CITY-ST-ZIP	N MIAMI BEACH FL		2.4 CITY-5	i i		
TITLE	D DELETE		3.1 TITLE	n-zir		Change Addition
NAME	WHITE, VERNAL		3.2 NAME			
STREET ADDRESS	18625 NW 5TH CT		3.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY-S	T-ZIP		
TITLE	Ţ	DELETE	4.1 TITLE			Change Addition
NAME	STEVENS, VICTORIA		4. 2 NAME	ļ		
STREET ADDRESS	3390 FOXCROFT RD., APT C	115	4.3 STREET	ADDRESS		
CITY-ST-ZIP	MIRAMAR FL		4.4 CITY - ST	T-ZIP		
TITLE	D	DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	MONES, MONICA		5.2 NAME			
STREET ADDRESS	9261 NW 18 ST		5.3 STREET			i
CITY-ST-ZIP	PEMBROKE PINES FL	DELETE	5.4 CITY-ST	- ZIP		
TITLE	D D		6.1 TITLE			Change Addition
NAME ethert annherer	LOURIS, DIXON		6.2 NAME			l
STREET ADDRESS CITY-ST-ZIP	7721 GRANDVIEW BLVD MIRAMAR FL		6.3 STREET			l
A111-91-51L	THE STREET LE		6.4 CITY - ST	-ZIP		J

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 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 chapter 617, and that my name address.

SIGNATURE

Feb 247

Mar 03 1998 8:00am

Secretary of State

1998

3R2F037 (10/97)