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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N21290

1. Corporation Name

SIERRA NORWOOD CALVARY BAPTIST CHURCH, INC.

Principal Place of Business

495 NW 191 STREET  
MIAMI FL 33169

Mailing Address

495 NW 191 STREET  
MIAMI FL 33169



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
06/24/1987

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-2741911

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

LEDGISTER, REV. RICHARD

~~2252 NW 195 ST~~  
~~MIAMI FL 33056~~

81 Name  
LEDGISTER, REV. RICHARD

82 Street Address (P.O. Box Number is Not Acceptable)  
14690 S.W. 41st Street

83

84 City  
Miramar

FL

85 Zip Code  
33027

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 CEO  DELETE  
NAME LEDGISTER, REV. RICHARD  
STREET ADDRESS ~~2252 NW 195TH STREET~~  
CITY-ST-ZIP ~~MIAMI FL~~

1.1 TITLE CEO  Change  Addition  
1.2 NAME LEDGISTER, REV. RICHARD  
1.3 STREET ADDRESS 14690 S.W. 41st Street  
1.4 CITY-ST-ZIP Miramar, Fl. 33027

TITLE S  DELETE  
NAME BROWN, DEAVELYN  
STREET ADDRESS 84 NE 205 TERRACE  
CITY-ST-ZIP N MIAMI BEACH FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME WHITE, VERNAL  
STREET ADDRESS 18625 NW 5TH CT  
CITY-ST-ZIP MIAMI FL

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

TITLE T  DELETE  
NAME STEVENS, VICTORIA  
STREET ADDRESS 3390 FOXCROFT RD., APT C115  
CITY-ST-ZIP MIRAMAR FL

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

TITLE D  DELETE  
NAME MONES, MONICA  
STREET ADDRESS 9261 NW 18 ST  
CITY-ST-ZIP PEMBROKE PINES FL

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

TITLE D  DELETE  
NAME LOURIS, DIXON  
STREET ADDRESS 7721 GRANDVIEW BLVD  
CITY-ST-ZIP MIRAMAR FL

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

January 10, 1999 (305) 652-7336  
Date Daytime Phone #

CR2E037 (11/98)