

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90252 011 ****61.25

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DOCUMENT # N44331

1. Corporation Name

CALVARY UNITED METHODIST CHURCH, INC.

Principal Place of Business
112 BLANDING BOULEVARD
ORANGE PARK FL 32073

Mailing Address
112 BLANDING BOULEVARD
ORANGE PARK FL 32073



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/17/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2267669	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SEYMOUR, R E 177 GREENWOOD LN W MIDDLEBURG FL 32068				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

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	TR	1.1 TITLE	TR
NAME	SOORENSEN, ROBERT	1.2 NAME	MCCLEES, CURTIS
STREET ADDRESS	2530 BOTTOMRIDGE DR.	1.3 STREET ADDRESS	2506 WINDWOOD LN
CITY-ST-ZIP	ORANGE PARK FL	1.4 CITY-ST-ZIP	ORANGE PARK FL 32073
TITLE	D	2.1 TITLE	
NAME	WHITE, WILLARD F.	2.2 NAME	
STREET ADDRESS	3379 DREW COURT	2.3 STREET ADDRESS	840 PUTTERS GREEN WAY N
CITY-ST-ZIP	MIDDLEBURG FL	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32259
TITLE	D	3.1 TITLE	
NAME	CLARK, E W	3.2 NAME	
STREET ADDRESS	1835 DENMARK DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	SEYMOUR, ROBERT	4.2 NAME	
STREET ADDRESS	177 GREENWOOD LN. W	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	4.4 CITY-ST-ZIP	
TITLE	M	5.1 TITLE	M
NAME	SANDLIN, HARDY B.	5.2 NAME	HARRIS, ROY V. I.
STREET ADDRESS	233 FOXRIDGE RD.	5.3 STREET ADDRESS	233 FOXRIDGE RD
CITY-ST-ZIP	ORANGE PARK FL	5.4 CITY-ST-ZIP	ORANGE PARK FL 32065
TITLE	D	6.1 TITLE	S
NAME	BUSKIRK, B V	6.2 NAME	DOBBIN, ELIZABETH
STREET ADDRESS	2656 BOTTOMRIDGE DR	6.3 STREET ADDRESS	3731 WESTOVER RD
CITY-ST-ZIP	ORANGE PK FL 32065	6.4 CITY-ST-ZIP	ORANGE PARK, FL 32073

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:

ELIZABETH DOBBIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/1999 (904) 272-4210
Date Daytime Phone #

CR2E037 (1/198)