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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N93000000150

1. Corporation Name

CALVARY WORSHIP CENTER, INC. OF CHIEFLAND

Principal Place of Business

P O BOX 2284 CHIEFLND FL 32626

Mailing Address

P O BOX 2284 CHIEFLND FL 32626



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/14/1993

4. FEI Number

59-3175378

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

9. Name and Address of Current Registered Agent

WEBBER, DENNIS 1110 SW 2ND AVE CHIEFLND FL 32626

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 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

TITLE PD [] DELETE

NAME WEBBER, DENNIS STREET ADDRESS 1110 SW 2ND AVE. CITY-ST-ZIP CHIEFLND FL 32626

TITLE T [] DELETE

NAME MCKAY, LINDA STREET ADDRESS 1320 NW 17TH AVE CITY-ST-ZIP CHIEFLND FL 32626

TITLE TD [] DELETE

NAME SMITH, BOB STREET ADDRESS 5250 NW 50TH AVE. CITY-ST-ZIP CHIEFLND FL 32626

TITLE S [] DELETE

NAME WEBBER, ROBIN STREET ADDRESS P.O. BOX 1874, 1110 SHF 2ND AVE CITY-ST-ZIP CHIEFLND FL 32626

TITLE [] DELETE

NAME [] STREET ADDRESS [] CITY-ST-ZIP []

TITLE [] DELETE

NAME [] STREET ADDRESS [] CITY-ST-ZIP []

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE [] Change [] Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE [] Change [] Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE [] Change [] Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE [] Change [] Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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)(l), 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 of Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

January 27th 486-5388

CR2E037 (1/98)