

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000003757 (1)**

1. Corporation Name

CALVARY OUTREACH CENTER INC.



Principal Place of Business

Mailing Address

2526 CENTRAL AVENUE
ST PETERSBURG FL 33712
US

1600 31ST ST S.
ST PETERSBURG FL 33712

3. Date Incorporated or Qualified
07/27/1994

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
65-0515525

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

**ADAMS, THELMA
1600 31ST ST S.
ST PETERSBURG FL 33712**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **DP GREEN, WILLIAM**
STREET ADDRESS **3623 4TH AVE S**
CITY-ST-ZIP **ST PETERSBURG FL 33711**

1.1 TITLE Change Addition

TITLE DELETE
NAME **DV ADAMS, THELMA**
STREET ADDRESS **1600 31ST ST S.**
CITY-ST-ZIP **ST PETERSBURG FL 33712**

1.2 NAME **ADAMS Thelma**

1.3 STREET ADDRESS **1600 31ST ST S**

1.4 CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE DELETE
NAME **DT CLARKE, RUBERTHA**
STREET ADDRESS **4430 FAIRFIELD AVE S**
CITY-ST-ZIP **ST PETERSBURG FL 33711**

2.1 TITLE Change Addition

2.2 NAME **UP VINCENT CARR**

2.3 STREET ADDRESS **3944 8ST SO**

2.4 CITY-ST-ZIP **ST PETERSBURG FL 33705**

TITLE DELETE
NAME **DS MILLER, JOAN**
STREET ADDRESS **700 JASMINE AVE**
CITY-ST-ZIP **ST PETERSBURG FL 33705**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thelma Adams 4/29/96

Date

Daytime Phone #

CR2E037 (12/95)