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 # **N95000001464 (5)**

1. Corporation Name

CALVARY CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
11417 MONUMENT RIDGE DRIVE JACKSONVILLE FL 32225	11417 MONUMENT RIDGE DRIVE JACKSONVILLE FL 32225

3. Date Incorporated or Qualified: 03/27/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1301 Monument Road	26 1301 Monument Road
Suite, Apt. #, etc. 22 Suite 17	Suite, Apt. #, etc. 27 Suite 17
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip / Country 24 32225 / 25 Duval	Zip / Country 29 32225 / 30 Duval

4. FEI Number: 59-3304525 ☐ 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

JOHNSON, ANDREW PAUL
11417 MONUMENT RIDGE DRIVE
JACKSONVILLE FL 32225

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, ANDREW PAUL		1.2 NAME		
STREET ADDRESS	11417 MONUMENT RIDGE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSS, MICHAEL C		2.2 NAME		
STREET ADDRESS	8321 FORT CAROLINE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32277		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHARLES, BRADLEY D		3.2 NAME		
STREET ADDRESS	7105 FORT CAROLINE HILLS DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32277		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BAINE, CARL L		4.2 NAME		
STREET ADDRESS	11612 FORT CAROLINE LAKES DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ALVAREZ, HARRY		5.2 NAME		
STREET ADDRESS	3653 SHAWNEE SHORES DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WILLIS, DANNEY L		6.2 NAME		
STREET ADDRESS	14046 TOMAKA ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: _____ 1-23-96 904-725-2455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #