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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N95000001464**

1. Corporation Name
CALVARY CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
1301 MONUMENT ROAD SUITE 17 JACKSONVILLE FL 32225 US	1301 MONUMENT ROAD SUITE 17 JACKSONVILLE FL 32225 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/27/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3304525 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JOHNSON, ANDREW PAUL
12358 SHELL BEACH TRAIL
JACKSONVILLE FL 32246

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	D	☐ Change ☒ Addition
NAME	JOHNSON, ANDREW PAUL		1.2 NAME	Tim E. Cornett	
STREET ADDRESS	12358 SHELL BEACH TRAIL		1.3 STREET ADDRESS	7760 Greenwich Court East	
CITY-ST-ZIP	JACKSONVILLE FL 32246		1.4 CITY-ST-ZIP	Jacksonville, FL 32277	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	ROSS, MICHAEL C		2.2 NAME	Robert W. Henderson	
STREET ADDRESS	8321 FORT CAROLINE ROAD		2.3 STREET ADDRESS	3782 Wayland Street	
CITY-ST-ZIP	JACKSONVILLE FL 32277		2.4 CITY-ST-ZIP	Jacksonville, FL 32277	
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 (11/98)

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 REQUIRED Bradley D. Charles 2/24/1999 904-725-2455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #