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Apr 23, 1999 8:00 am
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04-23-1999 90012 039 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N97000004753

1. Corporation Name

CALVARY FULL GOSPEL CHURCH, INC.

Principal Place of Business

21730 VIRGINIA DR.
 ASTOR FL 32102

Mailing Address

21730 VIRGINIA DR.
 ASTOR FL 32102



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

3. Date Incorporated or Qualified

08/20/1997

4. FEI Number

31-1577873

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

SPITZER, DANNY R
 21730 VIRGINIA DR.
 ASTOR FL 32102

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 **D** DELETE
 NAME **SPITZER, DANNY R**
 STREET ADDRESS **21730 VIRGINIA DR.**
 CITY-ST-ZIP **ASTOR FL 32102**

TITLE **D** DELETE
 NAME **MARTIN, JOHN W**
 STREET ADDRESS **COUNTY RD. 140, P.O. BOX 1378**
 CITY-ST-ZIP **BUNNELL FL 32110**

TITLE **D** DELETE
 NAME **MARTIN, CAROL**
 STREET ADDRESS **COUNTY RD. 140, P.O. BOX 1378**
 CITY-ST-ZIP **BUNNELL FL 32110**

TITLE **D** DELETE
 NAME **SCHULTZ, RON**
 STREET ADDRESS **840 CENTER AVE., APT. 95**
 CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE **D** DELETE
 NAME **SCHULTZ, PATRICIA**
 STREET ADDRESS **840 CENTER AVE., APT. 95**
 CITY-ST-ZIP **HOLLY HILL FL 32117**

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)(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:

Danny R Spitzer
DANNY R SPITZER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-98
 Date

(352) 759-3073
 Daytime Phone #

CR2E037_ (11/98)