

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709978

**Entity Name:** CALVARY ASSEMBLY OF GOD CHURCH, INC.**Current Principal Place of Business:**3800 RECKER HIGHWAY  
WINTER HAVEN, FL 33880**Current Mailing Address:**3800 RECKER HIGHWAY  
WINTER HAVEN, FL 33880**FEI Number:** 59-1658474**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SPIVEY, MICHAEL L  
3800 RECKER HWY  
WINTER HAVEN, FL 33880 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | BM                    |
| Name            | ALLISON, CLARENCE     |
| Address         | 128 BRAD CIRCLE       |
| City-State-Zip: | WINTER HAVEN FL 33880 |

|                 |                   |
|-----------------|-------------------|
| Title           | TREASURER         |
| Name            | MCGARVEY, CHRIS   |
| Address         | 2022 HATTERAS PT  |
| City-State-Zip: | LAKELAND FL 33813 |

|                 |                       |
|-----------------|-----------------------|
| Title           | BM                    |
| Name            | CLAYTON, BOB          |
| Address         | 1201CYPRESS PT. E.    |
| City-State-Zip: | WINTER HAVEN FL 33884 |

|                 |                    |
|-----------------|--------------------|
| Title           | SECRETARY          |
| Name            | SWOFFORD, RODNEY   |
| Address         | 2247 PALMVIEW CIR  |
| City-State-Zip: | AUBURNDAL FL 33823 |

|                 |                    |
|-----------------|--------------------|
| Title           | PASTOR / PRESIDENT |
| Name            | SPIVEY, MICHAEL L  |
| Address         | 305 MAGNETA LOOP   |
| City-State-Zip: | AUBURNDAL FL 33823 |

|                 |                    |
|-----------------|--------------------|
| Title           | BM                 |
| Name            | LACKEY, JON        |
| Address         | 272 MAGNETA LOOP   |
| City-State-Zip: | AUBURNDAL FL 33823 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL SPIVEY****PASTOR/PRESIDENT****02/04/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date