FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

Principal Place of Business

702390

(6)

Mailing Address

CALVARY GRACE CHRISTIAN CHURCH OF FAITH, INC.

P.O.BOX 608 LAUREL FL 34272				P.O.BOX 606					3. Date Incorporated or Qualified	
Litungs FL 99272			LAUREL FL 34272					05/03/1961		
									4. FEI Number Applied For	
					12-14-14-14-14-14-14-14-14-14-14-14-14-14-				59-1972533 Not Applicable	
2. Principal Place of Business					2a. Mailing Address				5. Certificate of Status Desired \$8.75 Additional	
Suite, Apt #, etc					Suite, Apt. #, etc.				Fee Required	
22				27					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State				21	City & State				7. Is this nonprofit corporation a home. are association?	
23				28	28				Yes No	
Zip	Country				Zip Country			,	8. This corporation owes or has paid the current yell Intangible	
24	25 29 30									
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent			
							81	Name	i	
MALLETT, REV. SABRA						ŀ	82	Street /	Address (P.O. Box Number is Not Acceptable)	
606 DRAWER)				
LAUREL FL 33545							83	ĺ		
						<u> </u>	84	City	85 Zip Code	
									 	
11. Pursuant	to the provisi	ions of Secti ent or both	ions 617.0502 a in the State of	and 61 Florid	17.1508, Florida Statut la: Such change was a	es, the at authorized	OOVE H by	e-named / the cord	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										
12.	Signature, typed		of registered agent a			E: Registered	Age	ent aignature	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD		FICE NO AND L	JINEC	DELETE	1.1 7/1	II F		Change Addition	
NAME		S, REV. AL	DEN			1.2 NA				
STREET ADDRESS	606 DR/		DEN					ADDRESS		
CITY-ST-ZIP	LAUREL					1.4 C/				
THILE	VD	,			DELETE	2.1 Tr		11-24	Change Addition	
NAME	SWANSON, REV. J.				2.2 N		ME	ì		
STREET ADDRESS	·							ADDRESS		
CITY-ST-ZIP	LAUREL FL							ST-ZIP	}	
TITLE	SD DELETE						31 TITLE		☐ Change ☐ Addition	
NAME	MALLETT, REV. SABRA					3.2 NA	3.2 NAME			
STREET ADDRESS	606 DR/					3.3 ST	AEET	ADDRESS		
CITY-ST-ZIP	LAUREL FL					3.4. CI	3.4. CITY-ST-ZIP			
TITLE	TD				DELETE	4.1 713	TLE		☐ Change ☐ Addition	
NAME	ROMINE	, REV. J. (DGDEN			4.2 N	AME	Ì		
STREET ADDRESS	606 DR/	NER				4.3 ST	REET	ADDRESS		
CITY-ST-ZIP	LAUREL	FL				4.4 CII	TY-S	IT-ZIP		
TITLE					DELETE	5.1 10	TLE		☐ Change ☐ Addition	
NAME						5.2 NA	ME			
STREET ADDRESS						5.3 ST	REET	ADDRESS		
CITY-ST-ZIP	<u> </u>	· · ·			- 	5.4 CI	_	T-ZIP		
TITLE	•				DELETE	6.1 TIT	LE		Change Addition	
NAME						6.2 NA	ME	Ì		
STREET ADORESS						6.3 ST	REET	ADDRESS		
CITY CT . 710						64.00	TV 6	T 710	1	

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.

SIGNATURE:

alde

Rev. Alden Thomas

2/11/98

FILED

Feb 18 1998 8:00am

Secretary of State