


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am
Secretary of State

| | | |
|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 703780 (7)

1. Corporation Name

CALVARY UNITED METHODIST CHURCH, INCORPORATED, O F LAKE WORTH, FLORIDA

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 301 FIRST AVENUE SOUTH LAKE WORTH FL 33460 | 301 FIRST AVENUE SOUTH LAKE WORTH FL 33460 |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

| | |
|---|--|
| 3. Date Incorporated or Qualified | 03/22/1962 |
| 4. FEI Number | 59-0895901 |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

MERKLE, WILLIAM R
WOOLBRIGHT CORP. CENTER
1901 SO CONGRESS AVE. STE 120
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | C | <input type="checkbox"/> DELETE |
| NAME | HORNBACK, C. R | |
| STREET ADDRESS | 7510 PINETREE LN | |
| CITY-ST-ZIP | W PALM BCH FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | JOHNSON, KATHLEEN | |
| STREET ADDRESS | 2101 NOTRE DAME DR | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | TIEDT, AUGUST | |
| STREET ADDRESS | 120 NO M ST | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | TR | <input checked="" type="checkbox"/> DELETE |
| NAME | GIEL, IRVING | |
| STREET ADDRESS | 1713 KATHERINE CT | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | KING, EDWARD | |
| STREET ADDRESS | 208 L. LAKESIDE DR. | |
| CITY-ST-ZIP | LAKE WORTH FL 33460 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BOTT, FRED | |
| STREET ADDRESS | 3959 PESERI LANE | |
| CITY-ST-ZIP | LAKE WORTH FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | TR Snyder, Alfred |
| 4.3 STREET ADDRESS | 818 So. Palmarway |
| 4.4 CITY-ST-ZIP | Lake Worth, FL 33460 |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | TR Rogerson, Kathleen |
| 5.3 STREET ADDRESS | 562 Springdale Cir. |
| 5.4 CITY-ST-ZIP | Palm Springs, FL 33461 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *C. R. Hornback* 4/22/98 561-585-1786

CR2E037 (1097)