

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90044 007 ****61.25

DOCUMENT # 703780

1. Corporation Name

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

Principal Place of Business

**301 FIRST AVENUE SOUTH
LAKE WORTH FL 33460**

Mailing Address

**301 FIRST AVENUE SOUTH
LAKE WORTH FL 33460**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/22/1962

4. FEI Number

59-0895901

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

**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

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 **C** ☒ DELETE
NAME **HORNBACK, C. R**
STREET ADDRESS **7510 PINETREE LN**
CITY-ST-ZIP **W PALM BCH FL**

TITLE **S** ☐ DELETE
NAME **JOHNSON, KATHLEEN**
STREET ADDRESS **2101 NOTRE DAME DR**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **TR** ☐ DELETE
NAME **TIEDT, AUGUST**
STREET ADDRESS **120 NO M ST**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **TR** ☐ DELETE
NAME **SNYDER, ALFRED**
STREET ADDRESS **818 SO. PALMWAY**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **TR** ☐ DELETE
NAME **ROGERSON, KATHLEEN**
STREET ADDRESS **552 SPRINGDALE CIR.**
CITY-ST-ZIP **PALM SPRINGS FL 33461**

TITLE **D** ☒ DELETE
NAME **BOTT, FRED**
STREET ADDRESS **3959 PESIRI LANE**
CITY-ST-ZIP **LAKE WORTH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **C** ☐ Change ☒ Addition
1.2 NAME **Cooke, Steve**
1.3 STREET ADDRESS **115 So. O Street**
1.4 CITY-ST-ZIP **Lake Worth, FL 33460**

2.1 TITLE **TR** ☒ Change ☐ Addition
2.2 NAME **Bleckner, Kathleen**
2.3 STREET ADDRESS **1701 So. Flagler Dr. #1102**
2.4 CITY-ST-ZIP **West Palm Beach, FL 33401**

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 **S/TR** ☒ Change ☐ Addition
5.2 NAME **Rogerson, Kathleen**
5.3 STREET ADDRESS **552 Springdale Cir.**
5.4 CITY-ST-ZIP **Palm Springs, FL 33461**

6.1 TITLE **V/TR** ☐ Change ☒ Addition
6.2 NAME **Going, Robert**
6.3 STREET ADDRESS **410 N. Federal Hwy.**
6.4 CITY-ST-ZIP **Lake Worth, FL 33460**

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)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99 561 585-1786

Date

Daytime Phone #

CR2E037 (11/98)