

2-28-91 B-2489 C

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 705594 (0)  
1. Corporation Name  
CALVARY BAPTIST CHURCH, INC., OF PALM BEACH COUN  
TYPrincipal Place of Business  
2390 SOUTH MILITARY TRAIL  
WEST PALM BEACH FL 33415Mailing Address  
2390 SOUTH MILITARY TRAIL  
WEST PALM BEACH FL 33415-75013. Date Incorporated or Qualified  
06/12/19633a. Date of Last Report  
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

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4. FEI Number  
59-1367588Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

## 9. Name and Address of Current Registered Agent

HOUSEMAN, REV. PHILLIP  
2390 SO. MILITARY TRAIL  
WEST PALM BEACH FL 33406

## 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 PD  
NAME HOUSEMAN, REV. PHILIP  
STREET ADDRESS 2390 SO. MILITARY TRAIL  
CITY-ST-ZIP WEST PALM BEACH FL ☐ DELETETITLE D  
NAME DUNN, RAYMOND  
STREET ADDRESS 1708 MERIDIAN RD.  
CITY-ST-ZIP WEST PALM BEACH FL ☐ DELETETITLE T  
NAME CHILDERS, ROY  
STREET ADDRESS 5694 SOUCHAK DRIVE  
CITY-ST-ZIP W.PALM BCH. FL ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

## 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-ZIP2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME T  
3.3 STREET ADDRESS Childers, Roy  
3.4 CITY-ST-ZIP 2820 Waters Edge Circle  
W.Palm Bch, FL ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041318

CR2E037 (9/96)