

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705594

(0)

1. Corporation Name

CALVARY BAPTIST CHURCH, INC., OF PALM BEACH COUN
TY

Principal Place of Business

Mailing Address

2390 SOUTH MILITARY TRAIL
WEST PALM BEACH FL 33415

2390 SOUTH MILITARY TRAIL
WEST PALM BEACH FL 33415

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

06/12/1963

4. FEI Number

59-1367588

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name Wright, Lawson A., Rev. (PD)

82 Street Address (P.O. Box Number is Not Acceptable)

83 2390 S. Military Trail

84 City

West Palm Beach

FL

85 Zip Code

33415

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 Lawson A. Wright, Pastor

7/31/98

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

TITLE D
NAME DUNN, RAYMOND
STREET ADDRESS 1708 MERIDIAN RD.
CITY-ST-ZIP WEST PALM BEACH FL

TITLE T
NAME CHILDERS, ROY
STREET ADDRESS 2820 WATERS EDGE CIRCLE
CITY-ST-ZIP W. PALM BCH. FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Ryan, William
1.3 STREET ADDRESS 4323 Forest Lane
1.4 CITY-ST-ZIP West Palm Beach, FL 33406

2.1 TITLE D
2.2 NAME Bono, Peter
2.3 STREET ADDRESS 352 Sandpiper Ave.
2.4 CITY-ST-ZIP Royal Palm Beach, FL 33411

3.1 TITLE D
3.2 NAME Enochs, Larry
3.3 STREET ADDRESS 1189 Sunset Rd.
3.4 CITY-ST-ZIP West Palm Beach, FL 33406

4.1 TITLE D
4.2 NAME Carol, John
4.3 STREET ADDRESS 3227 Pebble Beach Dr.
4.4 CITY-ST-ZIP Lake Worth, FL 33467

☐ Change ☒ Addition

☐ Change ☒ Addition

I further certify that the information
if made under oath; that I am
true; and that my name appears

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/7/98

CS61965-0115

CR2E037 (5/98)