

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moxham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707425 (5)**

1. Corporation Name  
**CALVARY CHURCH OF THE OPEN BIBLE OF TAMPA, FLORIDA, INC.**



Principal Place of Business <b>6018 N. CHURCH AVE. TAMPA FL 33614</b>	Mailing Address <b>6018 N. CHURCH AVE. TAMPA FL 33614</b>
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3. Date Incorporated or Qualified  
**06/11/1964**

4. FEI Number  
**59-1308766**

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

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 Country
24	25
29	30

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

9. Name and Address of Current Registered Agent

**MAGLOTT  
~~MAGLOTT~~ JOHN W.  
6414 TOWN N' COUNTRY BLVD  
TAMPA FL 33615**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAGLOTT (REV. JOHN W.)</b>	1.2 NAME	
STREET ADDRESS	<b>6414 TOWN N' CONUTRY BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORSYTHE, MARY</b>	2.2 NAME	
STREET ADDRESS	<b>5410 FOREST HILLS DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b><del>DARBY, DAVID</del></b>	3.2 NAME	
STREET ADDRESS	<b>7217-N-GLEN</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA-FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b><del>LIVERIO, VICTOR</del></b>	4.2 NAME	
STREET ADDRESS	<b>4404 W. ELM</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA-FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ERWIN, SHERRILL</b>	5.2 NAME	
STREET ADDRESS	<b>4314 ZELAR ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 \_\_\_\_\_ DATE **3-15-98**

CR2E037 (1097)