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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707425

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

Principal Place of Business 6018 N. CHURCH AVE. TAMPA FL 33614	Mailing Address 6018 N. CHURCH AVE. TAMPA FL 33614
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/11/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1308766
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	Trust Fund Contribution

9. Name and Address of Current Registered Agent

MAGLOTT, JOHN W
6414 TOWN N' COUNTRY BLVD
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAGLOTT (REV. JOHN W.)	
STREET ADDRESS	6414 TOWN N' CONUTRY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FORSYTHE, MARY	
STREET ADDRESS	5410 FOREST HILLS DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ERWIN, SHERRILL	
STREET ADDRESS	4314 ZELAR ST	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Josephine Fazio
3.3 STREET ADDRESS	14920 Rocky Ledge Dr.
3.4 CITY-ST-ZIP	Tampa, Fl. 33525
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Betty Lennard
4.3 STREET ADDRESS	3905 W. Sligh Ave.
4.4 CITY-ST-ZIP	Tampa, Fl. 33614
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ernest Gervais
5.3 STREET ADDRESS	5535 Pentail Cir.
5.4 CITY-ST-ZIP	Tampa, Fl. 33525
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Sue Erwin
6.3 STREET ADDRESS	4314 Zelar St.
6.4 CITY-ST-ZIP	Tampa, Fl. 33629

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-23-99 813-886-6552
 Date Daytime Phone #

CR2E037 (1/198)