FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1997 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 7110

(7)

CALVARY ASSEMBLY OF GOD, TAMPA INC.

Principal Piece of Business Mailing Address 5903 N. 47TH STREET 5903 N. 47TH STREET TAMPA FL 33610-2505 TAMPA FL 33610 3. Date Incorporated or Qualified 3a. Date of Last Report 06/14/1966 02/21/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-2468578 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zin Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KIRKLAND, TERRY Street Address (P.O. Box Number is Not Acceptable) 5903 N. 47TH ST. 83 TAMPA FL 33610 84 City 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 objections of, Section 617.0503, Florida Statutes. SIGNATURE required when reinstating) 12. ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition PD DELETE TITLE 1.5 TITLE KIRKLAND, TERRY 12 NAME NAME 5903 N. 47TH ST. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY - ST - ZIP 1,4 CITY-ST-ZIP X DELETE * Change Addition TITLE 2.1 TITLE BASS, HOWARD NAME 22 NAME Whatley, Gerald 6907 N. 53rd Street 7869 NIAGARA AVENUE 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP 2, 4 CITY-ST-ZIP Tampa Florida 33617 DELETE Change Addition នក 3.1 TITLE TITLE XXXX BASS, SHARON 3.2 NAME NAME 7869 NIAGARA AVE. STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 3,4, CITY-ST-ZIP ___ Addition **X** Change DELETE TITLE 4.1 TITLE SD NAME 4. 2 NAME Kirkland, Virginia STREET ADDRESS 4.3 STREET ADDRESS 4251 Allen Road CITY - ST - ZIP 4,4 CHY-ST-ZIP Change DELETE Zephyrhills, Florida ___ Addition 51 TILLE TITLE 32541 NAME 5.2 NAME

> 5,3 STREET ADDRESS 5,4 CITY-ST-ZIP

6.1 TITLE

6,2 NAME 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

6,4 CITY - ST - ZIP

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 eath; that I am an officer or director of the proposition 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 12 if changed, or on an attachment with an address.

DELETE