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FILED  
Apr 10 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 714200 (3)

1. Corporation Name

CALVARY COMMUNITY CHURCH OF MIAMI, INC.

Principal Place of Business

Mailing Address

19501 CYPRESS COURT  
MIAMI FL 33015

19501 CYPRESS COURT  
MIAMI FL 33015-6104



2. Principal Place of Business

21 605 MARKET ST.

Suite, Apt. #, etc.

22 #280

City & State

23 CELEBRATION, FL.

Zip

24 34747

Country

25 U.S.A.

2a. Mailing Address

26 605 MARKET ST.

Suite, Apt. #, etc.

27 #280

City & State

28 CELEBRATION, FL.

Zip

29 34747

Country

30 USA

3. Date Incorporated or Qualified  
03/04/1968

3a. Date of Last Report  
04/24/1996

4. FEI Number  
59-0873830

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, DONALD R. (DR.)  
19501 CYPRESS COURT  
MIAMI FL 33015

DR & MRS DONALD R. JONES  
605 MARKET STREET, APT 280  
CELEBRATION FL 34747

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 of officer or director of registered agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME TSD  
JONES, JR. D  
STREET ADDRESS 6743 BROOKLINE DR  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME PD  
JONES, DONALD R (DR.)  
STREET ADDRESS 19501 CYPRESS CT.  
CITY-ST-ZIP MIAMI, FL 0

TITLE ☐ DELETE

NAME D  
VANDUSER, KEVIN  
STREET ADDRESS 19500 CYPRESS CT  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME D  
PLATON, ALEX  
STREET ADDRESS 310 NW 190TH AVE  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ DELETE

NAME D  
HERNANDEZ, JOSE  
STREET ADDRESS 850 SE 3RD PLACE  
CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 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, if changed, or on an attachment with an address.

SIGNATURE

Signature of officer or director of registered agent

4/15/97

407-566-8332

CR2E037 (9/96)