


FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90144 015 ****61.25

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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 # 714200

1. Corporation Name
CALVARY COMMUNITY CHURCH OF MIAMI, INC.

Principal Place of Business 573 CAMPUS STREET CELEBRATION FL 34747 US	Mailing Address 573 CAMPUS STREET CELEBRATION FL 34747 US
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2. Principal Place of Business 21 573 CAMPUS ST. Suite, Apt. #, etc. 22 City & State 23 CELEBRATION Zip Country 24 34747 25 U.S.	2a. Mailing Address 26 573 CAMPUS ST. Suite, Apt. #, etc. 27 City & State 28 CELEBRATION Zip Country 29 34747 30 U.S.	3. Date Incorporated or Qualified 03/04/1968 4. FEI Number 59-0873830 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent JONES, DONALD R. (DR.) 605 MARKET STREET, #280 CELEBRATION FL 34747	10. Name and Address of New Registered Agent 81 Name JONES, DONALD R. (DR.) 82 Street Address (P.O. Box Number is Not Acceptable) 573 CAMPUS ST. 83 84 City CELEBRATION FL 85 Zip Code 34747
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JR. D	1.2 NAME	
STREET ADDRESS	6743 BROOKLINE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DONALD R (DR.)	2.2 NAME	JONES, DONALD R. (DR.)
STREET ADDRESS	605 MARKET STREET, #280	2.3 STREET ADDRESS	573 CAMPUS ST.
CITY-ST-ZIP	CELEBRATION FL	2.4 CITY-ST-ZIP	CELEBRATION, FL. 34747
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDUSER, KEVIN	3.2 NAME	
STREET ADDRESS	19500 CYPRESS CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATON, ALEX	4.2 NAME	PLATON, ALEX
STREET ADDRESS	310 NW 190TH AVE	4.3 STREET ADDRESS	16361 S.W. 10TH ST.
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	PEMBROKE PINES, FL. 33027
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, JOSE	5.2 NAME	
STREET ADDRESS	850 SE 3RD PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALEAH FL	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, with all other like empowered.

SIGNATURE: Donald R. Jones **2/2/99** **407-566-8333**

CR2E037 (1/98)