FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADORESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CiTY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

BRYANT, BETH M.

LAKE WALES FL

WINE, JOYCE A.

FT. MEADE FL

RODDA, THOMAS W

3920 PINE HILL CT.

LAKE WALES FL

FT. MEADE FL

6693 LAKE BUFFUM RD.

2525 OLD BARTOW RD.

3290 LAKE FUFFUM RD. W.

21

22

23

24

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIF

TITLE

NAME

TITLE

NAME

TITLE

TITLE

NAME

DELETE

DELETE

DELETE

DELETE

DOCU 1. Corporation	MENT # 716616	6 (8)				
CALVARY TEMPLE, INC. OF LAKE WALES, FLORIDA						
					i ilbir ilbir ilbir ilbir illik ilbir ilbir ilbir ilbir ilbir	N BIBI BIBI BIBI BIBI DA
Principal Plac	ce of Business	Mailing Address		<u>-</u>		
337 W. CENTRAL 337 W. CENTRAL					3. Date Incorporated or Qualified	
P.O. BOX 801 P.O. BOX 801 LAKE WALES FL 33853					05/27/1969	
TAKE WALES IE 33803					4. FEI Number	Applied For
					23-7048182	Not Applicable
2. Principal Place of Business 2a. Mailing Address 26			-		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State City & State 23 28					7. Is this nonprofit corporation a homeowners association?	
Zip 24	Country Zip 25 29 30			S. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
				1 Name		
MARTIN, JOE T			8:	82 Street Address (P.O. Box Number is Not Acceptable)		
416 S FIRST ST						
LAKE WALES FL			83	3		
			84	` ````,	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered A 12. OFFICERS AND DIRECTORS 13.				jent signature n	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIDECTORS IN 10
TITLE	D	DELETE	1.1 TITLE	Т	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	lights (Other L		1.2 NAME			
STREET ADDRESS	D O DOV 4070 N/4		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	LAVE WALES EL		1.4 CITY-			
TITLE			2.1 TITLE		"	Change Addition
NAME	MARVEL, JOHNNY		2.2 NAME	- 1		-
CYNEET ADDRESS	SCO2 I AVE DITEETIM ON					

Change

Change

Change

Change

Addition

___ Addition

Addition

Addition

FILED

Feb 06 1998 8:00am

Secretary of State

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: