

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **721441** (4)

1. Corporation Name

**CALVARY BAPTIST CHURCH OF SILVER SPRINGS SHORES,
INC.**

Principal Place of Business

**484 EMERALD RD.
OCALA FL 34472
US**

Mailing Address

**484 EMERALD RD.
OCALA FL 34472
US**



3. Date Incorporated or Qualified
07/30/1971

3a. Date of Last Report
10/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1889890

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

**DAVISON, STEPHEN REV
1 BROOK LANE
OCALA FL 32672**

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, 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 **PD** ☐ DELETE
NAME **DAVISON, STEPHEN REV**
STREET ADDRESS **1 BROOK LANE**
CITY-ST-ZIP **OCALA, FL FL 34472**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **DUSER, RONALD V**
STREET ADDRESS **5591 SE 9TH STREET**
CITY-ST-ZIP **OCALA FL 34471**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE
NAME **ZEMKE, ANDREW**
STREET ADDRESS **16790 165TH AVE**
CITY-ST-ZIP **WEIRSDALE FL 32195**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **SD**
3.3 STREET ADDRESS **Grahling, Jack**
3.4 CITY-ST-ZIP **12443 SE 61st Court**
Belleview, FL 34420

TITLE **D** ☐ DELETE
NAME **DARIN HILL**
STREET ADDRESS **28 PINE RADIAL**
CITY-ST-ZIP **OCALA FL 34471**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DOUGLAS DAVISON**
STREET ADDRESS **4760 S.E. 3RD AVE**
CITY-ST-ZIP **OCALA FL 34480**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **CD** ☐ DELETE
NAME **BOBBY RAST JR.**
STREET ADDRESS **10916 SE 51ST CT.**
CITY-ST-ZIP **BELLVIEW FL 34471**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Stephen Davison *Stephen Davison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96
Date

904-687-1254
Daytime Phone #

CR2E037 (12/95)