


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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			Mailing Address		
484 EMERALD RD. OCALA FL 34472 US			484 EMERALD RD. OCALA FL 34472 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/30/1971	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1889890	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		25		29	
29		30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		
			85 Zip Code		
			FL		
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					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	DAVISON, STEPHEN REV				
STREET ADDRESS	1 BROOK LANE				
CITY-ST-ZIP	OCALA, FL FL 34472				
TITLE	VD	<input checked="" type="checkbox"/> DELETE			
NAME	DUSER, RONALD V				
STREET ADDRESS	5591 SE 9TH STREET				
CITY-ST-ZIP	OCALA FL 34471				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	GRAHLING, JACK				
STREET ADDRESS	12443 SOUTH 61ST COURT				
CITY-ST-ZIP	BELLEVIEW FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	DARIN HILL				
STREET ADDRESS	28 PINE RADIAL				
CITY-ST-ZIP	OCALA FL 34471				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	DOUGLAS DAVISON				
STREET ADDRESS	4760 S.E. 3RD AVE				
CITY-ST-ZIP	OCALA FL 34480				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PRITTCHE, MICHAEL A				
STREET ADDRESS	10210 SE 138TH PL RD				
CITY-ST-ZIP	SUMMERFIELD FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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: *Stephen D. Davison* **NOTRE REQUIRED**

1-3-98 352-687-1254

CR2E037 (10/97)