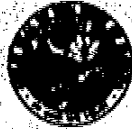


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **721904** (1)

1. Corporation Name

CALVARY CHURCH OF SEBRING, FLORIDA, INC.

Principal Place of Business

Mailing Address

1825 HAMMOCK RD.
SEBRING FL 33872

1825 HAMMOCK RD.
SEBRING FL 33872

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/20/1971	3a. Date of Last Report 07/08/1994
4. FEI Number 59-2311631	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LLEWELLYN, LEWIS REV
1825 HAMMOCK ROAD
SEBRING FL 33872

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C, D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOKES, ROBERT D.	1.2 NAME	
STREET ADDRESS	318 JAY AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISH, HARRY	2.2 NAME	
STREET ADDRESS	2205 W. BARBADOS AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORREST JOBE Jobe, Forrest	3.2 NAME	
STREET ADDRESS	150 LEISURE ACRES MOB. HOME PARK	3.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	3.4 CITY - ST - ZIP	
TITLE	T, D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIAN LINDA Stokes, Betty	4.2 NAME	
STREET ADDRESS	325 S. CORVETTE 318 Jay Ave.	4.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL Sebring, FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKE, RICHARD E.	5.2 NAME	
STREET ADDRESS	2011 THEODORE ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL 33872	5.4 CITY - ST - ZIP	
TITLE	(D) Llewellyn, Lewis, Rev.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1925 Hammock Road	6.2 NAME	
STREET ADDRESS	Sebring, FL 33872	6.3 STREET ADDRESS	
CITY - ST - ZIP		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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Lewis Llewellyn Date: 4-24-95 813-385-5555
PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #