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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 # 721904

1. Corporation Name
CALVARY CHURCH OF SEBRING, FLORIDA, INC.

Principal Place of Business 1825 HAMMOCK RD. SEBRING FL 33872	Mailing Address 1825 HAMMOCK RD. SEBRING FL 33872
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/20/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2311631
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Country 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

OSBECK, LESTER
 1825 HAMMOCK RD.
 SEBRING FL 33872

10. Name and Address of New Registered Agent

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 Lester Osbeck Lester Osbeck DATE 1-26-98

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	STOKES, ROBERT D.	
STREET ADDRESS	318 JAY AVE.	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISH, HARRY	
STREET ADDRESS	2205 W. BARBADOS AVE.	
CITY-ST-ZIP	SEBRING FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JOBE, FORREST	
STREET ADDRESS	150 LEISURE ACRES MOB. HOME PARK	
CITY-ST-ZIP	SEBRING FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ELLIS, HAZEL	
STREET ADDRESS	4135 SELAH RD	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LLEWELYN, LEWIS REV.	
STREET ADDRESS	1925 HAMMOCK ROAD	
CITY-ST-ZIP	SEBRING FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>C/D Forrest Rowles</i>
1.3 STREET ADDRESS	<i>302 Corvette Ave</i>
1.4 CITY-ST-ZIP	<i>Sebring, FL. 33872</i>
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<i>Dabby Reeves S</i>
3.3 STREET ADDRESS	<i>3715 Gator Rd</i>
3.4 CITY-ST-ZIP	<i>2016 Springs FL. 33890</i>
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<i>Clarence Larkins</i>
5.3 STREET ADDRESS	<i>9614 Deer Rd</i>
5.4 CITY-ST-ZIP	<i>2016 Springs FL. 33890</i>
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, with all other like empowered.

SIGNATURE: Lester Osbeck DATE February 3, 1999 DAYTIME PHONE # 941-386-0577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)