FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 AM 12:27

DOCUMENT # **725846** **(0)**

1. Corporation Name

CALVARY PRESBYTERIAN CHURCH (U.S.A.), AT ORLANDO , FLORIDA, INC.

Principal Place of Business	Mailing Address
1100 LEE RD. ORLANDO FL 32810	1100 LEE RD. ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/19/1973**
3a. Date of Last Report: **04/22/1994**
4. FEI Number: **59-1304398** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 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
CRANDALL, RICHARD D 1060 FOGGY BROOK PLACE LONGWOOD FL 32750	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 reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	V/D	☒ Change ☐ Addition
NAME	MCGAFFIGAN, MATTHEW	12 NAME	MCGAFFIGAN, MATTHEW	
STREET ADDRESS	1315 MALONE DRIVE	13 STREET ADDRESS	1215 MALONE DRIVE	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	ORLANDO, FL	
TITLE	VD	21 TITLE	P/D	☒ Change ☐ Addition
NAME	GOODMAN, MARK	22 NAME	GOODMAN, MARK	
STREET ADDRESS	918 BEARD AVE.	23 STREET ADDRESS	918 BEARD AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	24 CITY-ST-ZIP	WINTER PARK, FL	
TITLE	SD	31 TITLE	S/D	☒ Change ☐ Addition
NAME	FREY, BENJAMIN	32 NAME	BOSWELL, WIELY	
STREET ADDRESS	966 LAURA STREET	33 STREET ADDRESS	1760 TIPPICANOE TRAIL	
CITY-ST-ZIP	CASSELBERRY FL	34 CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Mark Goodman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Goodman 3/22/95 (407) 645-2925
Date Daytime Phone #

0034126