

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 # 725846 (0)
1. Corporation Name
**CALVARY PRESBYTERIAN CHURCH (U.S.A.), AT ORLANDO
FLORIDA, INC.**



Principal Place of Business
**1100 LEE RD.
ORLANDO FL 32810**

Mailing Address
**1100 LEE RD.
ORLANDO FL 32810**

3. Date Incorporated or Qualified
03/19/1973

3a. Date of Last Report
04/12/1995

4. FEI Number
59-1304398

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

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent

**CRANDALL, RICHARD D
1060 FOGGY BROOK PLACE
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

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

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCGAFFIGAN, MATTHEW	
STREET ADDRESS	1215 MALONE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GOODMAN, MARK	
STREET ADDRESS	918 BEARD AVE.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BOSWELL, WIELY	
STREET ADDRESS	1760 TIPPICANOE TRAIL	
CITY-ST-ZIP	MAITLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KEITH, LLOYD CLEMENTS	
1.3 STREET ADDRESS	2916 PEMBROOK DRIVE	
1.4 CITY-ST-ZIP	ORLANDO, FL 32810	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STOVER, ALLEN	
2.3 STREET ADDRESS	1327 CARLSON DRIVE	
2.4 CITY-ST-ZIP	ORLANDO, FL 32804	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DALTON, TOM	
3.3 STREET ADDRESS	1315 CARLSON DRIVE	
3.4 CITY-ST-ZIP	ORLANDO, FL 32804	
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 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:

Signature and Typed or Printed Name of Signing Officer or Director
Allen Stover, Vice President

3-28-96 (407) 295-0894

Date

Daytime Phone #

CR2E037 (12/95)