

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 FEB -1 PM 1:57

DOCUMENT # 727930 (0)

1. Corporation Name
CALVARY PRESBYTERIAN CHURCH, A CONGREGATION OF THE ORTHODOX PRESBYTERIAN CHURCH, INCORPORATED.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
814 N GADSDEN STREET 814 N GADSDEN STREET
PO BOX 3730 TALLAHASSEE FL 32315
TALLAHASSEE FL 32315 US

3. Date Incorporated or Qualified 11/01/1973 3a. Date of Last Report 03/31/1994
4. FEI Number 59-3015759 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 814 N. GADSDEN ST. 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 TALLAHASSEE, FL 28
Zip Country Zip Country
24 32303 25 FL 29 30

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

9. Name and Address of Current Registered Agent
DOSTER, RUSSELL S.
111 N. CALHOUN STREET
TALLAHASSEE FL 32302

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

12. OFFICERS AND DIRECTORS	
TITLE	T
NAME	SCHANS, STEVE
STREET ADDRESS	808 BAHAMA DR.
CITY-ST-ZIP	TALLAHASSEE, FL 00000
TITLE	DP
NAME	DOSTER, RUSSELL
STREET ADDRESS	111 N CALHOUN ST
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D
NAME	HOBBS, WILLIAM
STREET ADDRESS	2906 WOODSIDE DRIVE
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	DS
NAME	ANDREWS, MIKE
STREET ADDRESS	RT 3 BOX 3950
CITY-ST-ZIP	HAVANA FL
TITLE	D
NAME	MASON, RAY
STREET ADDRESS	4030 TIMBER RUN
CITY-ST-ZIP	HAVANA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *Russell Doster* RUSSELL DOSTER 1/26/95 904.224.4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number