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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727930 (0)
 1. Corporation Name
CALVARY PRESBYTERIAN CHURCH, A CONGREGATION OF THE ORTHODOX PRESBYTERIAN CHURCH, INCORPORATED.

Principal Place of Business 814 N GADSDEN STREET TALLAHASSEE FL 32303 US	Mailing Address 814 N GADSDEN STREET TALLAHASSEE FL 32315 US
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3. Date incorporated or Qualified 11/01/1973	
4. FEI Number 59-3015759	Applied For Not Applicable

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

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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 FL	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 _____ 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	<input type="checkbox"/> DELETE
NAME	SCHANS, STEVE	
STREET ADDRESS	808 BAHAMA DR.	
CITY - ST - ZIP	TALLAHASSEE, FL 00000	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DOSTER, RUSSELL	
STREET ADDRESS	111 N CALHOUN ST	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOBBS, WILLIAM	
STREET ADDRESS	2906 WOODSIDE DRIVE	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ANDREWS, MIKE	
STREET ADDRESS	RT 3 BOX 3950	
CITY - ST - ZIP	HAVANA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASON, RAY	
STREET ADDRESS	4030 TIMBER RUN	
CITY - ST - ZIP	HAVANA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHANS, STEVE	
1.3 STREET ADDRESS	1547 LaFRANCE CIRCLE	
1.4 CITY - ST - ZIP	TALLAHASSEE, FL 32310	
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 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.

SIGNATURE: *Russell S. Doster* **RUSSELL S. DOSTER** 1/13/98 850-224-4663

CR2E037 (10/97)