

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$595)

NONPROFIT
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 JUN 16 AM 10:25

DOCUMENT # 730186 (4)

1. Corporation Name

CALVARY TEMPLE OF CHIPLEY FLORIDA, INC.

Principal Place of Business

INDUSTRIAL PARK HWY 280E
P. O. BOX 506
CHIPLEY FL 32428-0506

Mailing Address

INDUSTRIAL PARK HWY 280E
P. O. BOX 506
CHIPLEY FL 32428-0506

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1974

3a. Date of Last Report

04/18/1994

4. FEI Number

59-1974458

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

☒

FILING FEE IS
\$61.25

8. This corporation has liability for interstate tax under s. 190.002,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

SARVER, RICK
305 N BLVD
CHIPLEY FL 32428

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 one if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
SARVER, RICK
509 S. 5TH ST
CHIPLEY FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
GOOD, DON
RT, 7 BOX 665
CHIPLEY FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
JOHN, MILES
400 CRT. AVE
CHIPLEY FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
WALLACE, DERRICK
5037 HWY 77
GRACEVILLE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
SMITH, DON
RT 4 BOX 750-B
CHIPLEY FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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:

Rick J. Sarver Rick J. Sarver

June 5, 1995

904-638-7569