

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 # 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

3. Date Incorporated or Qualified: 07/12/1974
3a. Date of Last Report: 06/16/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-1974458
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [] No [x]

9. Name and Address of Current Registered Agent: SARVER, RICK, 305 N BLVD, CHIPLEY FL 32428
10. Name and Address of New Registered Agent (81-85) fields.

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]

(NOTE: Registered Agent signature required when reinstating)

DATE: 4/25/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SARVER, RICK	1.2 NAME	
STREET ADDRESS	509 S. 5TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	GOOD, DON	2.2 NAME	
STREET ADDRESS	RT, 7 BOX 685	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	JONN, MILES	3.2 NAME	
STREET ADDRESS	400 CRT. AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	WALLACE, DERRICK	4.2 NAME	
STREET ADDRESS	5037 HWY 77	4.3 STREET ADDRESS	
CITY-ST-ZIP	GRACEVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SMITH, DON	5.2 NAME	
STREET ADDRESS	RT 4 BOX 758-B	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]

DATE: 4/25/96 DAYTIME PHONE #: (904) 638-7569

CR2E037 (12/95)