

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 # 730285 (4)
1. Corporation Name
CALVARY UNITED METHODIST CHURCH, INCORPORATED, OF SARASOTA, FLORIDA



Principal Place of Business
**1900 MEADOWOOD STREET
SARASOTA FLORIDA 34231**

Mailing Address
**1900 MEADOWOOD STREET
SARASOTA FLORIDA 34231**

3. Date Incorporated or Qualified **07/25/1974** 3a. Date of Last Report **03/09/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-6134244	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CATON, BERNARD
4630 CLASSIQUE DR.
SARASOTA FL 34243**

81 Name **Clements, Wallace**
82 Street Address (P.O. Box Number is Not Acceptable)
3249 Restful Lane
83
84 City **Sarasota** FL 85 Zip Code **34231**

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 617.0505, Florida Statutes.

SIGNATURE *Wallace D. Clements* DATE **1/28/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATON, BERNARD	1.2 NAME	Wiseman, Frank
STREET ADDRESS	4630 CLASSIQUE DR.	1.3 STREET ADDRESS	85 Southwinds Drive
CITY-ST-ZIP	SARASOTA FL 34243	1.4 CITY-ST-ZIP	Sarasota, FL. 34231
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENTS, WALLACE	2.2 NAME	Clements, Wallace
STREET ADDRESS	3249 RESTFUL LANE	2.3 STREET ADDRESS	3249 Restful Lane
CITY-ST-ZIP	SARASOTA FL 34231	2.4 CITY-ST-ZIP	Sarasota, FL. 34231
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKLAND, MILDRED	3.2 NAME	
STREET ADDRESS	3029 BAHIA VISTA ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, DAVID	4.2 NAME	
STREET ADDRESS	627 PINE SHORES	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLS, ELSIE	5.2 NAME	Malone, Vanna
STREET ADDRESS	8635 MIDNIGHT PASS RD.	5.3 STREET ADDRESS	2424 Cass St.
CITY-ST-ZIP	SARASOTA FL 34242	5.4 CITY-ST-ZIP	Sarasota, FL. 34231
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JOHN	6.2 NAME	
STREET ADDRESS	6200 S. TAMiami TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	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 117, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Wallace D. Clements* DATE **1/28/96** 941-924-8620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)