

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, O
F 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

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-6134244

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	CATON, BERNARD	
STREET ADDRESS	4630 CLASSIQUE DR.	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CLEMENTS, WALLACE	
STREET ADDRESS	3249 RESTFUL LANE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MARKLAND, MILDRED	
STREET ADDRESS	3029 BAHIA VISTA ST.	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, DAVID	
STREET ADDRESS	627 PINE SHORES	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLS, ELSIE	
STREET ADDRESS	8635 MIDNIGHT PASS RD.	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JOHN	
STREET ADDRESS	6200 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34231	

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VD	
1.3 STREET ADDRESS	Wiseman, Frank	
1.4 CITY-ST-ZIP	85 Southwinds Drive Sarasota, FL. 34231	
2.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Clements, Wallace	
2.3 STREET ADDRESS	3249 Restful Lane	
2.4 CITY-ST-ZIP	Sarasota, FL. 34231	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Malone, Vanna	
5.3 STREET ADDRESS	2424 Cass St.	
5.4 CITY-ST-ZIP	Sarasota, FL. 34231	
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 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 W. Clements
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/96

941-924-8620
Daytime Phone #

CR2E037 (12/95)