


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 1800 MEADOWOOD STREET SARASOTA FLORIDA 34231-3949
--	---

3. Date Incorporated or Qualified 07/25/1974	3a. Date of Last Report 02/06/1996
--	--

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-6134244	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent CLEMENTS, WALLACE 3249 RESTFUL LANE SARASOTA FL 34231		10. Name and Address of New Registered Agent	
61 Name		81 Name	
62 Street Address (P.O. Box Number is Not Acceptable)		82 Street Address (P.O. Box Number is Not Acceptable)	
63		83	
64 City		FL	85 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 _____
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	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISEMAN, FRANK	1.2 NAME	
STREET ADDRESS	85 SOUTHWINDS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENTS, WALLACE	2.2 NAME	
STREET ADDRESS	3249 RESTFUL LN.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
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	MALONE, VANNA	5.2 NAME	Alice Morse
STREET ADDRESS	2424 CASS ST	5.3 STREET ADDRESS	727 Pine Shores MHP
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	Saraspta. Fl. 34231
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, JOHN	6.2 NAME	Wanda Raney
STREET ADDRESS	6200 S. TAMIAMI TRAIL	6.3 STREET ADDRESS	2936 Webber Place S
CITY-ST-ZIP	SARASOTA FL 34231	6.4 CITY-ST-ZIP	Sarasota, Fl. 34232

14. I do 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: **Mildred Markland** **REQUIRED** *Mildred Markland 1-15-97*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0060774

CR2E037 (9/96)