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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
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DOCUMENT # **730285** (4)

1. Corporation Name

**CALVARY UNITED METHODIST CHURCH, INCORPORATED, O
F SARASOTA, FLORIDA**



Principal Place of Business

Mailing Address

**1900 MEADOWOOD STREET
SARASOTA FLORIDA 34231**

**1800 MEADOWOOD STREET
SARASOTA FLORIDA 34231-3949**

3. Date Incorporated or Qualified
07/25/1974

3a. Date of Last Report
02/08/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-6134244

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

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

**CLEMENTS, WALLACE
3249 RESTFUL LANE
SARASOTA FL 34231**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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
NAME	WISEMAN, FRANK	
STREET ADDRESS	85 SOUTHWINDS DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CLEMENTS, WALLACE	
STREET ADDRESS	3249 RESTFUL LN.	
CITY-ST-ZIP	SARASOTA FL	
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	MALONE, VANNA	
STREET ADDRESS	2424 CASS ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, JOHN	
STREET ADDRESS	6200 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34231	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Alice Morse
5.3 STREET ADDRESS	727 Pine Shores MHP
5.4 CITY-ST-ZIP	Sarasota, FL. 34231
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Wanda Raney
6.3 STREET ADDRESS	2936 Webber Place S
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)