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Aug 03, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735518

1. Corporation Name

CALVARY CHURCH MINISTRIES, INC.

Principal Place of Business

309 BROADVIEW DRIVE  
FORT MYERS FL 33905

Mailing Address

309 BROADVIEW DRIVE  
FORT MYERS FL 33905



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/07/1976

4. FEI Number

65-0026152

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

PHILLIPS, RICHARD A.  
309 BROADVIEW DR.  
E. FT. MYERS FL 33905

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PHILLIPS, RICHARD A. REV	
STREET ADDRESS	309 BROADVIEW DR.	
CITY-ST-ZIP	E. FT MYERS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PHILLIPS, CAROL B.	
STREET ADDRESS	309 BROADVIEW DR.	
CITY-ST-ZIP	E. FT MYERS FL	
TITLE	SA	<input type="checkbox"/> DELETE
NAME	GRISLER, CAROL	
STREET ADDRESS	RT 15 BOX 642 SLATER RD	
CITY-ST-ZIP	N. FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRISLER, DONALD	
STREET ADDRESS	RT 15 BOX 642 SLATER RD	
CITY-ST-ZIP	N. FT MYERS FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	JONES, ARTHUR SCOTT	
STREET ADDRESS	309 BROADVIEW DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE:  D  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/99  
Date

941-694-0690  
Daytime Phone #

CR2E037 (11/98)