FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

ACCEPTED AND FILED
95 FEB 17 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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-02/20/95--01052--014
*****70.00 *****70.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 739633 (6)

1. Corporation Name
THE CALVARY BAPTIST CHURCH OF ALACHUA, INCORPORATED

Principal Place of Business	Mailing Address
2414 EAST US HWY 441 P.O. BOX 1227 ALACHUA FL 32615	2414 EAST US HWY 441 P.O. BOX 1227 ALACHUA FL 32615

3. Date Incorporated or Qualified: **07/12/1977**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2037860** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. **Name and Address of Current Registered Agent**

EDEWAARD, ROBERT C.
618 N.E. FIRST STREET
P.O. BOX 2297
GAINESVILLE FL 32601

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MILTON, JERRY D., REV.	12 NAME	
STREET ADDRESS	3127 N.W. 41ST AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	LANG, STEPHEN	22 NAME	
STREET ADDRESS	RT. 1, BOX 217	23 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	MILLINER, MICHAEL	32 NAME	
STREET ADDRESS	RT. 2 BOX 105	33 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

2/17/95 MS

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Jerry D. Milton J Jerry D. Milton 01-29-95 904/373-8399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #