FILE NOW: FILING FEE IS \$61.25

NONFROFIT'
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTM OF STATE

Sandra B. ham

Secretary of State

DIVISION OF CORPORATIONS

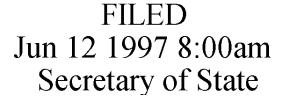
1997

DOCUMENT #

739633

(6)

THE CALVARY BAPTIST CHURCH OF ALACHUA, INCORPORA TED





2414 EAST US HWY 441 P.O. BOX 1227 ALACHUA FL 32615 2. Principal Place of Business 21 Suite, Apt. #, etc.		2414 EAST US HWY 441 P.O. BOX 1227 ALACHUA FL 32616-1227 2a. Mailing Address 26 Suite, Apt. #, etc.	2414 EAST US HWY 441 P.O. BOX 1227 ALACHUA FL 32616-1227 2a. Mailing Address 25 Suite, Apt. #, etc.		 3. Date Incorporated or Qualified 07/12/1977 4. FEI Number 59-2037860 5. Certificate of Status Desired 	77 06/14/1996 Applied For Not Applicable \$8.75 Additional	
City & State		City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country 25	Zip 29	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		s. 199.032,
24	9. Name and Address of Current Registered Agent		30	10. Name and Address of New Registered Agent			
EDEWAARD, ROBERT C. 618 N.E. FIRST STREET P.O. BOX 2297 GAINESVILLE FL 32601				City	ddress (P.O. Box Number is Not Acceptab	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, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12,		ERS AND DIRECTORS	13	in eigniziare i	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE NAME STREET ADDRESS	PD MILTON, JERRY D., RE 3127 N.W. 41ST AVEN	DELETE V.	1.1 IIILE 12 NAME 1.3 STREET	_	JORRY G. AUST ! SIIV NW 93 AUG. GAINGSVILLE, FL.	Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	GAINESVILLE FL SD LANG, STEPHEN RT. 1, BOX 217 ALACHUA FL	EL DELETE	1.4 CITY-S 2.1 TOLE 2.2 NAME 2.3 STREET 2.4 CITY-S	75 ADDRESS	LEON W. KING, 1087 S. DIVISION ST. LAKE CITY, Fl. 320	User	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLINER, MICHAEL RT. 2 BOX 105 ALACHUA FL	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-1			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 THTLE 4. 2 NAME 4.3 STREET 4.4 City-S			□] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET 5.4 City-S	ADDRESS	20000221 -06/16/97010 ***61.25	Change 2402 19-014	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETÉ	6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY - S	ADDRESS	aman J e C J	☐ Change	E Addition
14 I do heret	ov certify that the information	supplied with this filing does not qualit	fy for the exe	motion st	ated in Section 119.07(3)(i), Florida Statute	s. I further certify that	it the

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 fitrustee empowered execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Flock 3 if changed, or on ap attachingtent with an address.