FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

743988

(8)

CALVARY BAPTIST CHURCH OF FORT LAUDERDALE, INC.

•							
Principal Place of Business Mailing Address						811 81911 61811 B1611 6	1811 91911 81911 6381
2800 W PROSPECT RD. 2800 W PROSPECT RD. FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309							
					3. Date Incorporated or Qualified 06/02/1971	3a. Date of La 02/20	ast Report /1995
Principal Place of Business The state of Business The state of Business The stat		2a. Mailing Address 26		4. FEI Number Applied For S9-1163452 Not Applicable		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	J		Zip Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes Yes 🔲 Yo		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
				81 Name			
WILLIAMSON, JERRY B2 Stree					ress (P.O. Box Number is Not Acceptable)	
2800 W. PROSPECT ROAD				ou our recen		,	
FT LAUDERDALE FL 33309				B3			
				B4 City	, , , , , , , , , , , , , , , , , , ,	FL 85	Zip Code
11. Pursuant t	o the provisions of Sections 617.050	2 and 617.1508, Florida Statut	es, the abo	ve-named corpor	ation submits this statement for the purp		ts registered office
or register	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authoriz	ed by the c	orporation's boar	rd of directors. I hereby accept the appoi	ntment as registe	red agent. I am
SIGNATURE _	Signature, typed or printed name of registered agen	it and little if anniloable (NC	TE Registered	Agent signature required	d when reinstating)	DATÉ	
12.		ID DIRECTORS	13.	•	ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
TITLE	SD	DELETE	1.1 10	LE		Chang	ge 🔲 Addition
NAME	FERDINAND, JON		1.2 NA	.ME			
STREET ADDRESS	4402 N.W. 75TH TERR.		1.3 ST	REET ADDRESS			
CITY - ST - ZIP	CORAL SPGS. FL		1.4 CI	TY-ST-ZIP			
TITLE	PD	DEFELE	2.1 11	'LE		Chang	ge 🔲 Addition
NAME	WILLIAMSON, JERRY		2.2 NA	ME			
STREET ADDRESS	2800 W PROSPECT RD		2.3 \$1	REET ADDRESS			
CITY - ST - ZIP	FT LAUDERDALE, FL 0		2.4 C	TY-ST-ZIP			
TITLE	TD	DELETE	3 1 TI	LE		Chan	ge 🔲 Addition
NAME	ALLY, RICHARD		3.2 N/	ME			
STREET ADDRESS	6112 N.W. 9TH CT.		3 3 ST	REET ADDRESS			
CITY - ST - 2(P	MARGATE FL		3 4. C	TY-ST-ZIP			
TITLE	CD	DELETE	4.1 TI	ILE		☐ Chan	ge 🔲 Addition
NAME	PATRICK, CYRUS		4 2 N	AME			
STREET ADDRESS	2731 N.W. 105TH TERR.			REET ADDRESS			
CITY - ST - ZIP	CORAL SPGS. FL			TY-ST-ZIP			
TIFLE		DELETE	5111			Chan	ge 🔲 Addition
NAMÉ			52 N/				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP		Portre		TY-ST-ZIP		□ 0	an Madabian
TITLE		DELETE	6111			Chan	ge 🔲 Addition
NAME			6.2 N				
STREET ADDRESS				REET ADDRESS			
CITY-SI-ZIP	us and its that the information especial	with this films is valuatoria. for		TY-ST-ZIP	for the exemption stated in Section 119.0	7(3)/k) Florida St	atutes I further
certify that	iy oertiiy mat me intormation supplied t the information indicated on this and	rual report or supplemental apr	nual report i	s true and accura	ate and that my signature shall have the s	ame legal effect a	as if made under

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). Forida Statutes. I further certify that the information of docated 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 officeror of ector 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 changes for on an attachment with an address.

SIGNATURE:

NATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.29-96

954)733-706