

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 744019 (1)

1. Corporation Name
MT. CALVARY FIRST BAPTIST CHURCH OF SARASOTA, FL ORIDA, INC.



Principal Place of Business: 2256 COLSON AVE SARASTOA FL 34234
Mailing Address: 2256 COLSON AVE SARASTOA FL 34234

3. Date Incorporated or Qualified: 08/22/1978
3a. Date of Last Report: 07/25/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1847932	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	23	28
Zip	Country	24	25
29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PERKINS, SANFORD 1833 11TH ST BRANDENTON FL 34208	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
TITLE	D HENRY, EMMA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1459 15TH ST.	1.2 NAME	
STREET ADDRESS	SARASOTA, FL 00000	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D ALLEN, LEROY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1919 CENTRAL AVE.	2.2 NAME	
STREET ADDRESS	SARASOTA, FL 00000	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D HOLLENGUEST, CATHERINE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	308 COLLINS RD	3.2 NAME	
STREET ADDRESS	LAVREL FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	P PERKINS, S.T.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1833 11TH ST	4.2 NAME	
STREET ADDRESS	BARDEN FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	P HOLLIDAY, ROBERT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1754 10TH STREET	5.2 NAME	
STREET ADDRESS	SARASOTA, FL 00000	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Robert Holliday - Robert Holliday Date: 6-15-96 Daytime Phone #: 953-7055

CR2E037 (12/95)