


FILED
Mar 16, 1999 8:00 am
Secretary of State

0069547

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 745457					
1. Corporation Name CALVARY BAPTIST CHURCH (INDEPENDENT) OF CRYSTAL RIVER, INC.					
Principal Place of Business PO BOX 1287 257 NE 9TH STREET CRYSTAL RIVER FL 34423 US			Mailing Address PO BOX 1287 257 NE 9TH STREET CRYSTAL RIVER FL 34423 US		
2. Principal Place of Business		2a. Mailing Address			
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			
22 City & State		27 City & State			
23 Zip Country		28 Zip Country			
24 25		29 30			
9. Name and Address of Current Registered Agent					
MOORE, JEROME REV. 1039 N.E. 5TH AVE CRYSTAL RIVER FL 34423					81 Name
					82 Street Address
					83
					84 City
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or 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)					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	MOORE, JEROME				
STREET ADDRESS	1039 NE 5TH AVE				
CITY-ST-ZIP	CRYSTAL RIVER, FL 00000				
TITLE	ATD	<input type="checkbox"/> DELETE			
NAME	HOLDER, ELBERT				
STREET ADDRESS	1 KANSAS				
CITY-ST-ZIP	BEVERLY HILLS FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	KIDD, CHARLES W.				
STREET ADDRESS	1601 SE 8TH AVE LOT 159				
CITY-ST-ZIP	CRYSTAL RIVER FL				
TITLE	TR	<input type="checkbox"/> DELETE			
NAME	Wallin, Brian				
STREET ADDRESS	6899 W. CYRUS ST.				
CITY-ST-ZIP	CRYSTAL RIVER, FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MOORE, DAVID R.				
STREET ADDRESS	1039 N.E. 5TH AVE.				
CITY-ST-ZIP	CRYSTAL RIVER, FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13.					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
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: DR. J. PROMPT MEAD 3-14-99 765-5306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)