

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

MAY 11 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **746122** (1)  
1. Corporation Name  
**GRACE BIBLE CHURCH OF DELAND, FLORIDA, INC.**

Principal Place of Business Mailing Address  
**872 GLENWOOD ROAD DELAND FL 32723-3246**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/02/1979</b>	3a. Date of Last Report <b>07/29/1994</b>
4. FEI Number <b>59-2301516</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite Apt #, etc	26 Suite Apt #, etc
22 City & State	27 City & State
24 Zip	25 Country
28 Zip	29 Country

9. Name and Address of Current Registered Agent

**KENYON, ROBERT  
9 POINSETTA DRIVE  
DELAND FL 32720**

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 607.0507 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 Robert J. Kenyon Robert J. Kenyon 5/8/95  
Signature of president or person in charge of registered agent and the filing agent (if not the registered agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>KENYON, ROBERT</b>
STREET ADDRESS	<b>9 POINSETTA DRIVE</b>
CITY ST ZIP	<b>DELAND FL</b>
TITLE	<b>VD</b>
NAME	<b>SMITH, ARNOLD</b>
STREET ADDRESS	<b>154 DOVER LANE</b>
CITY ST ZIP	<b>DELAND FL</b>
TITLE	<b>TD</b>
NAME	<b>EDWARDS, ELAYNE</b>
STREET ADDRESS	<b>270 SANDYHOOK LANE</b>
CITY ST ZIP	<b>DELAND FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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 hereon, or on an attachment with an address.

SIGNATURE: Robert J. Kenyon Robert J. Kenyon 5/8/95 (904)738-5035  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Telephone Number

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**1995**



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

APPROVED  
AND  
FILED

MAY 14 8:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 748373 (8)**  
1. Corporation Name  
**CALVARY TABERNACLE, INC.**

Principal Place of Business: **PO BOX 1025 MARIANNA FL 32446**  
Mailing Address: **PO BOX 1025 MARIANNA FL 32446**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: <b>08/06/1979</b>	3a. Date of Last Report <b>04/27/1994</b>
4. FEI Number <b>59-2923479</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent <b>BIGGS, ALLEN REV 107 WEDGEWOOD DR BONIFAY FL 32425</b>		10. Name and Address of New Registered Agent	
<b>81</b> Name	<b>Rev Allen Biggs</b>		
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)			
<b>83</b>	<b>4070 Old Cottondale Rd.</b>		
<b>84</b> City	<b>Marianna</b>	<b>85</b> Zip Code	<b>FL 32447</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature) (Print or printed name of registered agent and the corporation) (Print) (Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGS, ALLEN	1.2 NAME	<b>Biggs, Allen</b>
STREET ADDRESS	107 WEDGEWOOD DR	1.3 STREET ADDRESS	<b>4070 Old Cottondale Rd.</b>
CITY, ST, ZIP	BONIFAY FL 32425	1.4 CITY, ST, ZIP	<b>Marianna Fla 32447</b>
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGS, HAROLD D	2.2 NAME	
STREET ADDRESS	1423 HWY 73 SOUTH	2.3 STREET ADDRESS	
CITY, ST, ZIP	MARIANNA FL 32446	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPPS, RODNEY	3.2 NAME	
STREET ADDRESS	3765 LARAMORE RD	3.3 STREET ADDRESS	
CITY, ST, ZIP	MARIANNA FL	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, BO	4.2 NAME	
STREET ADDRESS	RT 7 BOX 130	4.3 STREET ADDRESS	
CITY, ST, ZIP	CHIPLEY FL 32428	4.4 CITY, ST, ZIP	
TITLE	STD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGS, WANDA	5.2 NAME	<b>STD Biggs, Wanda</b>
STREET ADDRESS	107 WEDGEWOOD DR	5.3 STREET ADDRESS	<b>4070 Old Cottondale Rd</b>
CITY, ST, ZIP	BONIFAY FL 32425	5.4 CITY, ST, ZIP	<b>Marianna, FL 32447</b>
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGS, KATHLEEN	6.2 NAME	
STREET ADDRESS	1423 HWY 73 SOUTH	6.3 STREET ADDRESS	
CITY, ST, ZIP	MARIANNA FL 32446	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: Rev Allen Biggs (PC)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Rev Allen Biggs (PC)