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Mar 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 747006 (5)
1. Corporation Name
TAMPA CALVARY CHURCH OF THE NAZARENE, INC.



Principal Place of Business
914 EAST WATERS AVENUE
TAMPA FL 33604

Mailing Address
914 EAST WATERS AVENUE
TAMPA FL 33604-3127

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified
05/01/1979

3a. Date of Last Report
01/31/1996

4. FEI Number
59-6537841

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAGNER, ALLEN
10406 27TH STREET NORTH
914 EAST WATERS AVENUE
TAMPA FL 33612

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

(Signature of Registered Agent required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
M
2. NAME
WAGNER, ALLEN
3. STREET ADDRESS
10406 27TH STREET NORTH
4. CITY-STATE-ZIP
TAMPA FL
5. TITLE
DT
6. NAME
CULVER, CHARLES
7. STREET ADDRESS
10925 LANTANA AVENUE
8. CITY-STATE-ZIP
TAMPA FL
9. TITLE
ST
10. NAME
DOYLE, DEBRA
11. STREET ADDRESS
914 EAST WATERS AVE
12. CITY-STATE-ZIP
TAMPA FL
13. TITLE
D
14. NAME
CULVER, JANE
15. STREET ADDRESS
10925 LANTANA AVE.
16. CITY-STATE-ZIP
TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. 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 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:

Signature and Typed or Printed Name of Signing Officer or Director
Allen L. WAGNER 3/9/97 813-971-6564
Date Daytime Phone 0047190

CR2E037 (9/96)