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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **748791** (1)

1. Corporation Name

THE CALVARY BIBLE BAPTIST CHURCH INC.



Principal Place of Business	Mailing Address
898 S.W. 10TH STREET P.O. BOX 2394 DELRAY BEACH FL 33444	898 S.W. 10TH STREET P.O. BOX 2394 DELRAY BEACH FL 33444

3. Date Incorporated or Qualified

09/05/1979

4. FEI Number

59-1631955

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

25

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

10. Name and Address of New Registered Agent

**HARRIS, CHARLOTTE L.
111 N.E. 19TH AVENUE
BOYNTON BEACH FL 33435**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **BUSBY, REV. ALBERTO F.**
STREET ADDRESS **706 S.W. 23RD AVENUE**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **D** ☐ DELETE

NAME **PIERRE-LOUIS, ACES**
STREET ADDRESS **512 S. "A" STREET**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **D** ☐ DELETE

NAME **ALEXANDRE, ACCENE**
STREET ADDRESS **552 APT 2 "F" STREET**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **ST** ☐ DELETE

NAME **PIERRELOUIS, MARC ARTHUR**
STREET ADDRESS **3480 SUMMER ST. #13**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **D** ☐ DELETE

NAME **CELIN, JEAN D.**
STREET ADDRESS **4869 JEFFERSON RD.**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

Rev. Alberto F. Busby

SIGNATURE:

SIGNATURE REQUIRED

Rev. A.F. Busby

561-216-7111
1-27-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)