FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

751411

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LILED									
Feb 26 1998 8:00am									
Secretary of State									

EH ED

CALVARY BAPTIST CHURCH OF SEBASTIAN, INC.										
Principal Plac	ce of Business	Mailing Address	Mailing Address				(1981)) 1888) 4118) (181) 6188) (188) 1188) 	II DIDII DIDII GIQI	l Atali alali ladi	
123 THUNDERBIRD DR 123 THUNDERBIRD DR SEBASTIAN FL 32958 SEBASTIAN FL 32958							3. Date Incorporated or Qualified 03/06/1980 4. FEI Number		Applied For	
							59-2448377		Not Applicable	lθ
2. Principal F	Place of Business	2a. Mailing Address 26	-				5. Certificate of Status Desired	,	5 Additional Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution		May Be	
City & Stat	te	City & State					7. Is this nonprofit corporation a homeov			٦
23		28	28				☐ Yes	□ No		
Zip	Country Zip			Country			8. This corporation owes or has paid the			1
24	25	29	30				Personal Property Tax due June 30. 10. Name and Address of New Register	Yes	□ No	4
	9. Name and Address of Curre	nt Registered Agent		81	Name		10. Name and Address of New Register	reo Agent		{
0				Ľ	(Naille					_]
	N J. COOLEY			82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		<u> </u>	
	IFAIR AVE. 1AN FL 32958			83						4
OLDAOI	1AN 1 C 32800				<u> </u>			loši s		_
				84	City			FL 85 Z	ip Code	ĺ
11. Pursuant office or agent. I a	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 617.1508, Florida Statut of Florida. Such change was a lations of, Section 617.0503, Flo	es, the a authorize orida Sta	above ed by	named the corp	corpor poration	ration submits this statement for the purpos n's board of directors. I hereby accept the	se of changin appointment	j its registered as registered	3
SIGNATURE	_			•						
	Signature, typed or printed name of registered ag				nt signature	berluper e	when reinstating) DA		000 114 40	-16
12.	CD OFFICERS AN	D DELETE	13.	TITLE			ADDITIONS/CHANGES TO OFFICERS	Chang		10/97
NAME	DOUGLAS, HAZEL			NAME				[Orang	C Napidoi	
STREET ADDRESS	7300 20TH ST., STE. 622				ADDRESS					FR37
CITY-ST-ZIP	VERO BCH. FL		1.4 CITY-			ł				#
TITLE	TD	DELETE	_	TITLE	1-44	—		Chang	e Addition	
NAME	DAMRON, CHARLES			VAME		İ			_	1
STREET ADDRESS	1025 BARBER ST.		2.3 5	STREET.	ADDRESS		·*.			
CITY-ST-ZIP	SEBASTIAN FL		2.4	CITY-S	T-ZIP					-
TITLE	SD	☐ DELETE	3.1 T					Chang	a Addition	<u>~</u>
NAME	PEEK, CHARLES		3.21	NAME						
STREET ADDRESS	637 ROSELAND RD.		3.3 9	STREET.	ADDRESS	ļ				Ţ
CITY-ST-ZIP	SEBASTIAN FL 32958		3.4.	CITY-S	T-ZIP					┙
TITLE	P	☐ DELETE	4.1 1	TITLE				Chang	e 🔲 Addition	n
NAME	COOLEY, CLIFTON J		4.2	NAME						Ì
STREET ADDRESS	485 LANFAIR AVE.		4.3 9	STREET	ADDRESS					
CITY-ST-ZIP	SEBASTIAN FL	·	4.40	IIY-SI	-ZIP					┙
TITLE		☐ DELETE	5.1 T			İ		Chang	e	3
NAME				AME						
STREET ADORESS			•		ADDRES\$	1				1
CITY-ST-ZIP		DELETE	_	ITY-ST	- ZIP	<u> </u>	·	Cheen	e Addition	\exists
TITLE		☐ DELETE	6.11					☐ Chang	a Modillou	']
NAME STORET ADDRESS	}			AME	nnner-	Ì				1
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	pertify that the information supplied w	ith this filing does not qualify fo		Prot		d in Se	ection 119.07(3)(i), Florida Statutes, I furthe	r certify that t	he information	

14. Thereby certify that the information supplied with this filling 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 justee 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 arachiper with an address.

SIGNATURE:

| Signature And Typic Or PRINTED HAND OF SIGNING OFFICER OR DIRECTOR | Date | Destine Phone * Destine Phone Phone * Destine Phone * Destine Phone Phone * Destine Phone Phone Phone Phone Phone Ph