

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 752404 (4)

1. Corporation Name

CALVARY ASSEMBLY OF GOD, INC. OF TARPON SPRINGS,
FLORIDA

Principal Place of Business

1350 E. LAKE ROAD. N.
TARPON SPRINGS FL 34689

Mailing Address

1350 E. LAKE ROAD. N.
TARPON SPRINGS FL 34689

FILED

Jan 29, 1996 08:00 AM
Secretary of State



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/08/1980

3a. Date of Last Report

03/09/1995

4. FEI Number

59-2002993

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

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 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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	COKER, J EDWARD	
STREET ADDRESS	3316 KEYSTONE ROAD	
CITY - ST - ZIP	TARPON SPRGS, FL 00000	
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	RALEY, DR. CHARLES W.	
STREET ADDRESS	1350 E. LAKE ROAD NO.	
CITY - ST - ZIP	TARPON SPRINGS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BRYAN, PANSY E	
STREET ADDRESS	2555 BRYAN LANE	
CITY - ST - ZIP	TARPON SPRGS, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HADESTY, MARK	
STREET ADDRESS	2718 OAKBEND CT.	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DINA, DR. FRANK	
STREET ADDRESS	6250 BELLINGHAM CT.	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Charles W. Raley* Charles W. Raley, Pres. Jan. 22, 1996 (813) 934-0058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)