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Jan 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

1-27-97 B-1033 C

DOCUMENT # 752404 (4)

1. Corporation Name

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

Principal Place of Business

Mailing Address

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

1350 E. LAKE ROAD. N.
TARPON SPRINGS FL 34689-6301



3. Date Incorporated or Qualified
05/08/1980

3a. Date of Last Report
01/29/1996

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

10. Name and Address of New Registered Agent

RUGGLES, THOMAS W.
3005 US HWY 19 NO.
CLEARWATER FL 34621

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 ☐ DELETE

NAME VD
COKER, J EDWARD
STREET ADDRESS 3316 KEYSTONE ROAD
CITY-ST-ZIP TARPON SPRGS, FL 00000

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME PCD
RALEY, DR. CHARLES W.
STREET ADDRESS 1350 E. LAKE ROAD NO.
CITY-ST-ZIP TARPON SPRINGS FL

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME STD
BRYAN, PANSY E
STREET ADDRESS 2555 BRYAN LANE
CITY-ST-ZIP TARPON SPRGS, FL 00000

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME VD
HADESTY, MARK
STREET ADDRESS 2718 OAKBEND CT.
CITY-ST-ZIP NEW PORT RICHEY FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME VD
DINA, DR. FRANK
STREET ADDRESS 6250 BELLINGHAM CT.
CITY-ST-ZIP NEW PORT RICHEY FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.5 TITLE ☐ Change ☐ Addition

2.6 NAME ☐ Change ☐ Addition

2.7 STREET ADDRESS ☐ Change ☐ Addition

2.8 CITY-ST-ZIP ☐ Change ☐ Addition

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 Charles W. Railey Pres. Jan 29 1997 913 934 0058

CR2E037 (9/96)