

FILE NOW: FILING FEE IS \$61.25

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Mar 02 1998 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 05/08/1980	
4. FEI Number 59-2002993	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**RUGGLES, THOMAS W.
3005 US HWY 19 NO.
CLEARWATER FL 34621**

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 agent 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 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. Raley, President (Charles W. Raley) (February 1998) 934-0058

CR2E037 (1097)