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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752404

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/08/1980
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2002993
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing
24	29	Trust Fund Contribution <input type="checkbox"/>
25	30	\$5.00 May Be Added to Fees

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 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	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COKER, J EDWARD	1.2 NAME	John Presti
STREET ADDRESS	3316 KEYSTONE ROAD	1.3 STREET ADDRESS	2950 Glen Oak N.
CITY-ST-ZIP	TARPON SPRGS, FL 00000	1.4 CITY-ST-ZIP	Clearwater, FL. 34689
TITLE	PCD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALEY, DR. CHARLES W.	2.2 NAME	John H. Raley
STREET ADDRESS	1350 E. LAKE ROAD NO.	2.3 STREET ADDRESS	6905 Ridge Top Dr.
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP	New Port Richey, FL. 34689
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, PANSY E	3.2 NAME	Ginger Wiggins
STREET ADDRESS	2555 BRYAN LANE	3.3 STREET ADDRESS	7303 Knoll Dr.
CITY-ST-ZIP	TARPON SPRGS, FL 00000	3.4 CITY-ST-ZIP	New Port Richey, FL. 34653
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADESTY, MARK	4.2 NAME	
STREET ADDRESS	2718 OAKBEND CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINA, DR. FRANK	5.2 NAME	
STREET ADDRESS	6250 BELLINGHAM CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-99

Date

(727) 372-8345

Daytime Phone #

CR2E037 (1/1/98)