

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 758756 (1)

1. Corporation Name

CALVARY INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

3771 SPRING PARK RD.
JACKSONVILLE FL 32207
US

PO BOX 10305
JACKSONVILLE FL 32247-0305
US

3. Date Incorporated or Qualified
06/15/1981

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2142637

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, DANIEL W
3771 SPRING PK RD.
JACKSONVILLE FL 32207**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3771 SPRING PK RD.

83

84 City

JACKSONVILLE

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	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DANIEL W.	
STREET ADDRESS	212 CROSS TERN CT	
CITY-ST-ZIP	PONTE VEDRA BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIMS, DONALD E JR	
STREET ADDRESS	1533 BRUSHY CREEK RD	
CITY-ST-ZIP	EASLEY SC	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LINENKOHL, RUSSELL E.	
STREET ADDRESS	330 COUNTRY CLUB LANE	
CITY-ST-ZIP	ATLANTIC BCH. FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	ADE, JAMES L	
STREET ADDRESS	4831 MALPAS LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOODWIN, PAUL	
STREET ADDRESS	11930 HARBOR COVE DR S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RASHALL, CALVIN J	
STREET ADDRESS	1223 TWIN PEAKS CIR	
CITY-ST-ZIP	LONGMONT CO	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	8115 WHIRLWAY ELM DRIVE
64 CITY-ST-ZIP	HUMBLE, TX

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL W. WILLIAMS

4/23/96

378-6559

Daytime Phone #

CR2E037 (12/95)

BLOCK 12 ADDITIONS

TD
CULLEN, HUGH L.
4914 RIGGING WAY
AMELIA ISLAND, FL

D
D'AMICO, ANGELO M.
11560 OLD ST. AUGUSTINE RD., STE. 4
JACKSONVILLE, FL

D
COX II, ROBERT L.
4002 MAIN ST.
GRANDVIEW, MO

D
VANDER KLOK, DUANE G.
100 IVANREST S.W.
GRANVILLE, MI