

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 # 758824 (7)
1. Corporation Name

CALVARY HOLINESS CHURCH OF GOD, INC.



Principal Place of Business: 21455 NW 32ND AVE, CAROL CITY FL 33056
Mailing Address: 21455 NW 32ND AVE, CAROL CITY FL 33056

3. Date Incorporated or Qualified: 06/17/1981
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and Mailing Address (25-29) details including Suite, Apt. #, City & State, Zip, and Country.
4. FEI Number: 59-2288813
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

9. Name and Address of Current Registered Agent: SANDERS, LINELL, 20500 NORTHWEST 23RD AVENUE, OPALOCKA FL
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code (FL).

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, LINELL	1.2 NAME	
STREET ADDRESS	20500 NW 23RD AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OPALOCKA, FL 00000	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANUEL, CYNTHIA	2.2 NAME	
STREET ADDRESS	20921 NW 27 CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	C	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIS, WILLIE	3.2 NAME	
STREET ADDRESS	2940 NW 163RD ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	APALOCKA, FL 00000	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, SARAH B	4.2 NAME	
STREET ADDRESS	20500 NW 23RD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	APALOCKA, FL 00000	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIS, LUCILLE	5.2 NAME	
STREET ADDRESS	2940 NW 163RD ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIS, LUCILLE	6.2 NAME	
STREET ADDRESS	2940 NW 163RD ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	APALOCKA, FL 00000	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE: 5/7/94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DUSTY PHONE # (305) 625-9739

CR2E037 (12/95)