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NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

758824

(7)

DOCUMENT # 758824 (7) 1. Corporation Name CALVARY HOLINESS CHURCH OF GOD, INC.								
Principal Place of Business Mailing Address						(I BIBI BIBI BI		IBH BIBII 1601
21455 NW 32NI	D AVE	21455 NW 32ND AVE CAROL CITY FL 33056						
CAROL CITY F	L 33006	OANGE OTT TE GOOG			3. Date Incorporated or Qualified 06/17/1981	3a. [05/01/19	
Principal Plac	e of Business	2a. Mailing Address			4. FEI Number		├	oplied For
ranoparioc	Of Electricos	26			59-2288813			ot Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		* • · · ·	Additional equired
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
Ony a Grane		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	,	This corporation has liability for Florida Statutes	r intangible	tax under s. 1	199.032,
	25 25 Name and Address of Curre	29]	30		10. Name and Address of New			
	9. Name and Address of Curre	ent Registered Agent	81	Name				
CANDED	S TIMELI		82	Street Addr	ess (P.O. Box Number is Not Accepta	able)		
SANDERS, LINELL 20500 NOTHWEST 23RD AVENUE OPALOCKA FL			02	Of GOL VIOLA	0307 (1107 0401			
			63					
OI ALOU	144.15		84	City			85 Zip	Code
				<u> </u>	ration submits this statement for the p	F		paistered offi
IOUT HILL TO THE	it, and accept the obligations of, oc	ection 617.0503, Florida Statute	S.	JOI BUILDIT S DOB	ration submits this statement for the p ind of directors. I hereby accept the ap			
IGNATURE _	Signature, typed or printed name of registered ag-	CRON 617.0503, Florida Statute	S. OTE: Rigistered Age	Jordina, 10 DOL		DATE	ND DIRECTO	RS IN 12
GNATURE _	Signature, typed or printed name of registered ag-	ent and trib if applicable (N	OTE: Rugistered Agr	Jordina, 10 DOL	ડદ when reinsteinથ	DATE		RS IN 12
GNATURE _	Signature, typed or printed name of registered ag- OFFICERS A	ent and title if applicable IN IND DIRECTORS	OTE Registered Age 13. 11 TITLE 12 NAME	ant Sejirahara require	ડદ when reinsteinથ	DATE	ND DIRECTO	
GNATURE _ 2. TLE	Signature: typed or printed name of registered eg- OFFICERS A PD SANDERS, LINELL 20500 NW 23RD AVE	ent and title if applicable IN IND DIRECTORS	OTE: Projectional Age 13. 11 TITLE 1.2 NAME 1.3 STREE	ent signature require	ડદ when reinsteinથ	DATE	ND DIRECTO	
GNATURE _ 2. (LE ME REET ADDRESS TY-ST-ZIP	Signature: typed or printed name of registered eg- OFFICERS A PD SANDERS, LINELL	ent and the if applicable N ND DIRECTORS DELETE	13. 11 TITLE 12 NAME 1 3 STREE 1.4 CHY-	ent seprenture require IT ADDRESS ST-ZIP	ડદ when reinsteinથ	DATE	ND DIRECTO	RS IN 12
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