## **FILE NOW: FILING FEE IS \$61.25**

**FILED** Apr 15 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 758824 CALVARY HOLINESS CHURCH OF GOD. INC. Principal Place of Business Mailing Address 21455 NW 32ND AVE 21455 NW 32ND AVE 3. Date Incorporated or Qualified CAROL CITY FL 33056 CAROL CITY FL 33056 06/17/1981 4. FEI Number Applied For Not Applicable 59-2288813 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing П 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes 30 Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name SANDERS, LINELL Street Address (P.O. Box Number is Not Acceptable) 20500 NOTHWEST 23RD AVENUE 83 OPALOCKA FL 84 City Zip Code 65 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, typed or printed name of registered agent and title if applicable 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition SANDERS, LINELL 1.2 NAME NAME 20500 NW 23RD AVE STREET ADDRESS 1.3 STREET ADDRESS OPALOCKA, FL 00000 CITY-S1-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition NAME MANUEL, CYNTHIA 2.2 NAME STREET ADDRESS 20921 NW 27 CT 2.3 STREFT ADDRESS CITY-ST-ZIP OPA LOCKA FL 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE MATHIS. WILLIE 3.2 NAME NAME 2940 NW 163RD ST STREET ADDRESS 3.3 STREET ADDRESS APALOCKA, FL 00000 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME SANDERS, SARAH B 4. 2 NAME 20500 NW 23RD AVE STREET ADDRESS 4.3 STREET ADDRESS APALOCKA, FL 00000 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE MATHIS, LUCILLE 5.2 NAME NAME STREET ADDRESS 2940 NW 163RD ST 5.3 STREET ADDRESS

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 officer or director of the corporation or the receiver or trustee emp Block 12 or Block 13 if changed, or on an attachment with an application.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

61 TITLE

62 NAME

DELETE

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

MIAMI, FL 00000

MATHIS, LUCILLE

2940 NW 163RD ST APALOCKA, FL 00000

1 Line SANHONS-475/98 (00) 618423

Change

Addition