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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

DOCUMENT # 758824

1. Corporation Name

CALVARY HOLINESS CHURCH OF GOD, INC.

467547 - 90084 - 10



Principal Place of Business

21455 NW 32ND AVE
 CAROL CITY FL 33056

Mailing Address

21455 NW 32ND AVE
 CAROL CITY FL 33056

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

06/17/1981

4. FEI Number

59-2288813

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

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 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

TITLE PD DELETE
 NAME SANDERS, LINELL
 STREET ADDRESS 20500 NW 23RD AVE
 CITY-ST-ZIP OPALOCKA, FL 00000

TITLE T DELETE
 NAME MANUEL, CYNTHIA
 STREET ADDRESS 20921 NW 27 CT
 CITY-ST-ZIP OPA LOCKA FL

TITLE C DELETE
 NAME MATHIS, WILLIE
 STREET ADDRESS 2940 NW 163RD ST
 CITY-ST-ZIP APALOCKA, FL 00000

TITLE D DELETE
 NAME SANDERS, SARAH B
 STREET ADDRESS 20500 NW 23RD AVE
 CITY-ST-ZIP APALOCKA, FL 00000

TITLE D DELETE
 NAME MATHIS, LUCILLE
 STREET ADDRESS 2940 NW 163RD ST
 CITY-ST-ZIP MIAMI, FL 00000

TITLE S DELETE
 NAME MATHIS, LUCILLE
 STREET ADDRESS 2940 NW 163RD ST
 CITY-ST-ZIP APALOCKA, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE T Change Addition
 2.2 NAME HAMILTON, MYRA
 2.3 STREET ADDRESS 3521 N.W. 206 ST
 2.4 CITY-ST-ZIP CAROL CITY, FL 33056

3.1 TITLE C Change Addition
 3.2 NAME POMPEY, MELBA
 3.3 STREET ADDRESS 2850 N.W. 209 TERR
 3.4 CITY-ST-ZIP CAROL CITY, FL 33056

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE D Change Addition
 5.2 NAME HAMILTON, SHADEL
 5.3 STREET ADDRESS 3521 N.W. 206 ST
 5.4 CITY-ST-ZIP CAROL CITY, FL 33056

6.1 TITLE S Change Addition
 6.2 NAME MITCHELL, TAMMY B
 6.3 STREET ADDRESS 2850 N.W. 209 TERR
 6.4 CITY-ST-ZIP CAROL CITY, FL 33056

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: *Tammy B. Mitchell* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

305-624-4741

Date

Daytime Phone #

CR2E037 (11/98)