

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90058 014 \*\*\*\*61.25

**DOCUMENT # 758824**  
1. Entity Name  
**CALVARY HOLINESS CHURCH OF GOD, INC.**



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

**34059487**



MOORE      CR2E037 (11/03)

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2233813**      Not Applicable  
5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SANDERS, LINELL**  
**20500 NORTHWEST 23RD AVENUE**  
**OPALOCKA FL**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25 Due By May 1, 2004**      9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees      **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SANDERS, LINELL	
STREET ADDRESS	20500 NW 23RD AVE	
CITY-ST-ZIP	OPALOCKA, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAMILTON, MYRA	
STREET ADDRESS	3521 NW 206 ST	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE	C	<input type="checkbox"/> Delete
NAME	POMPEY, MELBA	
STREET ADDRESS	2850 NW 209 TERR	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS, SARAH B	
STREET ADDRESS	20500 NW 23RD AVE	
CITY-ST-ZIP	APALOCKA, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, SHADEL	
STREET ADDRESS	3521 NW 206 ST	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE	S	<input type="checkbox"/> Delete
NAME	CONYERS, TAMMY B	
STREET ADDRESS	2850 NW 209 TERR	
CITY-ST-ZIP	CAROL CITY FL 33056	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEXANDER, HEROD	
STREET ADDRESS	17780 N.W. 19TH AVE	
CITY-ST-ZIP	OPALOCKA, FL, 33056	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bishop Linell Sanders*      **BISHOP LINELL SANDERS**      04/17/04      305 624-4741  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #