


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90104 050 ****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

ZU034374



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-2233813 Not Applicable

Zip Country Zip Country

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 | Miami Gardens 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 | | |
| 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 lists empowered.

SIGNATURE: *Linell Sanders* SANDERS Bishop Linell 4/9/05 305 624-4741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #