

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PM 2:17

DOCUMENT # 762966

(0)

1. Corporation Name

CALVARY GRACE BRETHREN CHURCH, INC.

Principal Place of Business

Mailing Address

3165 HOWLAND BLVD.
DELTONA FL 32725

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DELTONA FL 32725

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1982

3a. Date of Last Report

02/21/1994

4. FEI Number

59-2120943

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HECKERT, L. DENNIS
485 OAKWOOD AVE.
ORANGE CITY FL 32763

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T
NAME	MUNSON, STUART
STREET ADDRESS	605 N ORANGE AVE
CITY- ST- ZIP	ORANGE CITY FL
TITLE	T
NAME	MCCONNELL, DWAIN
STREET ADDRESS	1036 OVERLOOK DR
CITY- ST- ZIP	DELAND FL
TITLE	T
NAME	HAROLD, RUSSELL
STREET ADDRESS	3159 FITER DR
CITY- ST- ZIP	DELTONA FL
TITLE	T
NAME	MCMANUS, ART
STREET ADDRESS	1412 W TALTON AVE
CITY- ST- ZIP	DELAND FL
TITLE	C
NAME	KOONTZ, KENNETH
STREET ADDRESS	855 TRUMBULL ST
CITY- ST- ZIP	DELTONA FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	T. Mike Arnett
4.3 STREET ADDRESS	413 W. GARDENIA DR.
4.4 CITY- ST- ZIP	ORANGE CITY, FL. 32763
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

Kenneth Koontz

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Kenneth Koontz

2/6/95

904/789-1289

DATE

Telephone Area #