

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 762966 (0)

1. Corporation Name

CALVARY GRACE BRETHREN CHURCH, INC.

Principal Place of Business

Mailing Address

**3165 HOWLAND BLVD.
DELTONA FL 32725**

**3165 HOWLAND BLVD.
DELTONA FL 32725**



3. Date Incorporated or Qualified
04/23/1982

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☒ DELETE
NAME **MUNSON, STUART**
STREET ADDRESS **605 N ORANGE AVE**
CITY-ST-ZIP **ORANGE CITY FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Ray Boltz**
1.3 STREET ADDRESS **4682 LEAVITT AVE.**
1.4 CITY-ST-ZIP **ORANGE CITY, FL. 32763**

T ☒ DELETE
NAME **MCCONNELL, DWAIN**
STREET ADDRESS **1036 OVERLOOK DR**
CITY-ST-ZIP **DELAND FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **John Hetrick**
2.3 STREET ADDRESS **3116 Nickles Bean St.**
2.4 CITY-ST-ZIP **Deltona, FL. 32725**

T ☐ DELETE
NAME **HAROLD, RUSSELL**
STREET ADDRESS **3159 FITER DR**
CITY-ST-ZIP **DELTONA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

T ☒ DELETE
NAME **ARNETT, MIKE**
STREET ADDRESS **413 W GARDENIA DR**
CITY-ST-ZIP **ORANGE CITY FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Clay Hadley**
4.3 STREET ADDRESS **2715 Grayson St.**
4.4 CITY-ST-ZIP **ORANGE CITY, FL. 32763**

C ☐ DELETE
NAME **KOONTZ, KENNETH**
STREET ADDRESS **855 TRUMBULL ST**
CITY-ST-ZIP **DELTONA FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
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)(k), 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 SIGNING OFFICER OR DIRECTOR

1-22-96

Date

904/789-1289

Daytime Phone #

CR2E037 (12/95)