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Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 327253165 HOWLAND BLVD.
DELTONA FL 32725-29063. Date Incorporated or Qualified
04/23/19823a. Date of Last Report
02/09/1996

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

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

TITLE T ☐ DELETENAME BOLTZ, RAY
STREET ADDRESS 488 SOUTH LEAVITT AVENUE
CITY - ST - ZIP ORANGE CITY FLTITLE T ☒ DELETENAME HETRICK, JOHN
STREET ADDRESS 3116 NICKER BEAN STREET
CITY - ST - ZIP DELTONA FLTITLE T ☒ DELETENAME HAROLD, RUSSELL
STREET ADDRESS 3159 FITER DR
CITY - ST - ZIP DELTONA FLTITLE T ☐ DELETENAME HADLEY, CLAY
STREET ADDRESS 2715 GRAYSON STREET
CITY - ST - ZIP ORANGE CITY FLTITLE C ☐ DELETENAME KOONTZ, KENNETH
STREET ADDRESS 855 TRUMBULL ST
CITY - ST - ZIP DELTONA FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition☒ Change ☒ Addition☒ Change ☒ Addition☒ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

Kenneth Koontz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth Koontz 1/13/97 904/789-1289

Date

Daytime Phone # 0013625

CR2E037 (9/96)