

FILED

Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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
3165 HOWLAND BLVD.
DELTONA FL 32725

Mailing Address
3165 HOWLAND BLVD.
DELTONA FL 32725

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
04/23/1982

4. FEI Number
59-2120943

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. Is this nonprofit corporation a homeowners association?
Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
Yes No

9. Name and Address of Current Registered Agent
HECKERT, L. DENNIS
485 OAKWOOD AVE.
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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
TITLE T DELETE
NAME BOLTZ, RAY
STREET ADDRESS 468 SOUTH LEAVITT AVENUE
CITY-ST-ZIP ORANGE CITY FL
TITLE T DELETE
NAME GOMPE, CLEO
STREET ADDRESS 963 TURNBULL ST
CITY-ST-ZIP DELTON FL
TITLE TT DELETE
NAME MUNSON, STUART
STREET ADDRESS 605 N ORANGE AVE
CITY-ST-ZIP ORANGE CITY FL
TITLE T DELETE
NAME HADLEY, CLAY
STREET ADDRESS 1753 PROVIDENCE BLVD
CITY-ST-ZIP DELTONA FL
TITLE C DELETE
NAME KOONTZ, KENNETH
STREET ADDRESS 855 TRUMBULL ST
CITY-ST-ZIP DELTONA FL
TITLE T DELETE
NAME Greenlaw, WAYNE
STREET ADDRESS 2001 Wayne Street
CITY-ST-ZIP Deltona, FL 32738

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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 Combs
2.3 STREET ADDRESS 963 Trumbull St.
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
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
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 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: [Signature] 1/12/98 904/789-1289