

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90003 024 \*\*\*\*61.25

0013589

DOCUMENT # 762966

1. Corporation Name

CALVARY GRACE BRETHERN 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		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/23/1982	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2120943	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

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	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

TITLE	T	<input type="checkbox"/> DELETE
NAME	BOLTZ, RAY	
STREET ADDRESS	468 SOUTH LEAVITT AVENUE	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COMBS, CLEO	
STREET ADDRESS	963 TRUMBULL ST	
CITY-ST-ZIP	DELTON FL	
TITLE	TT	<input checked="" type="checkbox"/> DELETE
NAME	MUNSON, STUART	
STREET ADDRESS	605 N ORANGE AVE	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HADLEY, CLAY	
STREET ADDRESS	1753 PROVIDENCE BLVD	
CITY-ST-ZIP	DELTONA FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	KOONTZ, KENNETH	
STREET ADDRESS	855 TRUMBULL ST	
CITY-ST-ZIP	DELTONA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GREENLAW, WAYNE	
STREET ADDRESS	2001 WAYNE ST	
CITY-ST-ZIP	DELTONA FL 32728	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Tioffi, HAROLD
1.3 STREET ADDRESS	2616 Roxboro Ave.
1.4 CITY-ST-ZIP	DELTONA, FL 32725
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: R. KOONTZ Kenneth Koontz 1/11/99 904/789-1289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)