

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 # 764183 (0)

1. Corporation Name

SARASOTA CALVARY TEMPLE OF THE ASSEMBLIES OF GOD, INC.



Principal Place of Business

Mailing Address

6461 PROCTOR RD.
SARASOTA FL 34241
US

P. O. BOX 19555
SARASOTA FL 34276
US

3. Date Incorporated or Qualified
07/16/1982

3a. Date of Last Report
04/20/1995

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

RON WALKER
6461 PROCTOR ROAD
SARASOTA FL 34241

81

Name
Daniel E. Scott

82

Street Address (P.O. Box Number is Not Acceptable)
Suite 408, Center Pointe

83

2033 Main Street

84

City
Sarasota

FL

85 Zip Code

34237

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Registered Agent

April 25, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	GARNER, KAREN	
STREET ADDRESS	3226 SPAINWOOD DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHUMAKER, LARRY	
STREET ADDRESS	5139 ITHACA LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HULL, DON	
STREET ADDRESS	3762 HEATHER LAKE CIR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, RON	
STREET ADDRESS	4720 COUNTRY OAKS BLVD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, GARY	
STREET ADDRESS	2253 ROSELAWN	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
4.2 NAME	PD Russell J. Cox
4.3 STREET ADDRESS	2117 Worrington St.
4.4 CITY-ST-ZIP	Sarasota, FL.
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 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:

Russell J. Cox

Russell J. Cox - President

April 25, 1996

[941] 923-1592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)