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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 764183**

1. Corporation Name

CALVARY COMMUNITY CHURCH OF SARASOTA, INC.

Principal Place of Business 6461 PROCTOR RD.

SARASOTA FL 34241

Mailing Address

P. O. BOX 19555 SARASOTA FL 34276

US

## FILED Jun 23, 1999 8:00 am Secretary of State

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21	Place of Business	2a. Mailing Address		3. Date incorporated or Qualifed 07/16/1982	
Suite, Apt:	#; etc	Suite, Apt. #, etc.		-4. FEI Number	- Applied For
22		27		59-2387910	Not Applicable
City & Sta	te	City & State		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
Zip	Country 25	Zip [3]	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
1	DANIEL E. N STREET CENTER POINT SUITE FA FL 34237	408	82 Street Addr 6 46	OUNG ROBERT SCOTT ess (P.9 Box Number is Met Acceptable) I PROCTOR KOAO	
ļ			84 City	Sota F	85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	the above-named corpo		
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 of 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	<del></del>	and title if applicable. (NOTE: Re	egistered Agent signature required		1,1999
12.	ØFFICERS AND		13,	ADDITIONS/CHANGES TO OFFICERS	
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GARNER, KAREN		1.2 NAME		
STREET ADDRESS	3226 SPAINWOOD DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	( VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHUMAKER, LARRY		2.2 NAME		
STREET ADDRESS			23 STREET ADDRESS		<del>_</del>
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HULL, DON		3.2 NAME		
STREET ADDRESS	3762 HEATHER LAKE CIR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, SCOTT		4.2 NAME		
STREET ADDRESS	6461 PROCTOR RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHWARTZ, GARY		5.2 NAME		
STREET ADDRESS	2253 ROSELAWN		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
∃_TIT		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		i
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		i

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 suppliemental 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 any attachment with an address, with all other like empowered.

SIGNATURE:

SALVA TURE REQUIRED SHALLING OFFICER OR DIRECTOR

Nuj 1, 1999 941-923-1592

CR2E037 (11/98)