

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C95000000001 (9)

1. Corporation Name

TRUSTEES CALVARY BAPTIST CHURCH



Principal Place of Business

Mailing Address

331 CLEVELAND STREET
CLEARWATER FL 34616

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CLEARWATER FL 34616

3. Date Incorporated or Qualified
05/18/1953

3a. Date of Last Report
09/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0662266
APPLIED FOR

Applied For

X Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOUDREAU, T. CHARLES
331 CLEVELAND STREET
CLEARWATER FL 34616

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 CPD
NAME HOGAN, ELWOOD JR
STREET ADDRESS 613 S. MYRTLE AVENUE
CITY-ST-ZIP CLEARWATER FL 34616

X DELETE

TITLE SD
NAME KENNEDY, GUY L JR
STREET ADDRESS 1724 LONG BOW LANE
CITY-ST-ZIP CLEARWATER FL 34624

X DELETE

TITLE D
NAME BROADWELL, BOB
STREET ADDRESS 1302 MORELAND DRIVE
CITY-ST-ZIP CLEARWATER FL 34624

DELETE

TITLE D
NAME CENTER, JAMES SR
STREET ADDRESS 2374 WIND GAP PLACE
CITY-ST-ZIP CLEARWATER FL 34625

DELETE

TITLE D
NAME PARK, JOE
STREET ADDRESS 2344 WEATHERINGTON ROAD
CITY-ST-ZIP CLEARWATER FL 34625

DELETE

TITLE D
NAME BALLENTINE, HOWARD
STREET ADDRESS 1874 PARADISE LANE
CITY-ST-ZIP CLEARWATER FL 34616

X DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CPD
1.2 NAME Dyal, Marvin
1.3 STREET ADDRESS 1945 Sandra Dr.
1.4 CITY-ST-ZIP Clearwater, FL 34624

X Change

ADDITION

2.1 TITLE SD
2.2 NAME Ballentine, Howard
2.3 STREET ADDRESS 1874 Paradise Ln.
2.4 CITY-ST-ZIP Clearwater, FL 34616

X Change

ADDITION

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change

ADDITION

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 800001796808
4.4 CITY-ST-ZIP -04/26/96--01034--005
***70.00

Change

ADDITION

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change

ADDITION

6.1 TITLE D
6.2 NAME Cotton, Joe
6.3 STREET ADDRESS 3000 Hargett Ln.
6.4 CITY-ST-ZIP Safety Harbor, FL 34695

X Change

ADDITION

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marvin Dyal - Chairman

03/22/96 (813) 446-7422

Date

Daytime Phone #

CR2E037 (12/95)