

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 # N07006 (2)

1. Corporation Name

CALVARY TEMPLE, THE FIRST ASSEMBLY OF GOD, INC.

Principal Place of Business

Mailing Address

% ANDY J. WOOD
5518 PEARL ST
JACKSONVILLE FL 32208
US

% ANDY J. WOOD
5518 PEARL ST
JACKSONVILLE FL 32208
US



3. Date Incorporated or Qualified

01/08/1985

3a. Date of Last Report

03/31/1995

4. FEI Number

59-0865837

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

☐

Yes

☐

No

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

WOOD, ANDY J
1419 BELL SHORE CIRCLE
JACKSONVILLE FL 32218

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME WOOD, ANDY J
STREET ADDRESS 1419 BELL SHORE CIRCLE
CITY - ST - ZIP JACKSONVILLE FL

TITLE TO ☐ DELETE

NAME BEGLEY, ROBERT E
STREET ADDRESS 11445 AMERICANA LN
CITY - ST - ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME RUSSELL, CHARLES
STREET ADDRESS 3302 JAPONICA RD.
CITY - ST - ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME ROWE, LESTER
STREET ADDRESS 8514 CONCORD COURT
CITY - ST - ZIP JACKSONVILLE FL

TITLE SD ☐ DELETE

NAME FEDELI, DENNIS
STREET ADDRESS 6111 WEST GOLDEN GROVE ROAD
CITY - ST - ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME BEASON, MURRY
STREET ADDRESS 11283 EMUNESS ROAD
CITY - ST - ZIP JACKSONVILLE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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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 or changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)