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Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08161 (4)

1. Corporation Name

CALVARY BAPTIST CHURCH OF DADE CITY, FLORIDA, IN
C.

Principal Place of Business

Mailing Address

14312 17TH STREET
DADE CITY FL 33525-3328
US14312 17TH STREET
DADE CITY FL 33523-3328
US3. Date Incorporated or Qualified
03/14/19853a. Date of Last Report
01/25/1996

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

EDWARDS, TOM
34525 WHITTING LANE
DADE CITY FL 33525

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

84 City

FL

85 Zip Code

33525

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

Tom Edwards

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EDWARDS, TOM	
STREET ADDRESS	34525 WHITTING LANE	
CITY-ST-ZIP	DADE CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HICKS, K.C.	
STREET ADDRESS	19 GERALDINE RD.	
CITY-ST-ZIP	DADE CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHILDERS, PAUL	
STREET ADDRESS	8611 HANDCART RD	
CITY-ST-ZIP	ZEPHYRILLS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DUNCAN, MARSHALL	
STREET ADDRESS	12035 FORT KING RD.	
CITY-ST-ZIP	DADE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REED, HOMER A.	
STREET ADDRESS	12372 CARL LOOP	
CITY-ST-ZIP	DADE CITY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FORBES, K.B.	
STREET ADDRESS	324 NORTH WALL ST	
CITY-ST-ZIP	BUSHNELL FL	

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 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 do 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.

SIGNATURE:

K. B. Forbes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-8-97

Daytime Phone # 0045551

CR2E037 (9/96)