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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA 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 14312 17TH STREET DADE CITY FL 33525-3328 US			Mailing Address 14312 17TH STREET DADE CITY FL 33525-3328 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/14/1985 4. FEI Number 59-2353941 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent EDWARDS, TOM 34525 WHITTING LANE DADE CITY FL 33525				10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS 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					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 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					

SIGNATURE:

*Marshall S. Duncan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-1998  
Date

Daytime Phone # 000-0000

CR2E037 (10/97)