

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 20, 1999 8:00 am  
Secretary of State

07-20-1999 90025 006 \*\*\*\*61.25

DOCUMENT # N08161 ✓

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 Calvary Baptist Church  
Suite, Apt. #, etc.

22 14312 17th Street  
City & State

23 Dade City Fla  
Zip Country

24 33525 25 P28CO

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/14/1985

4. FEI Number  
59-2353941

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

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

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 PD ☐ DELETE

NAME EDWARDS, TOM  
STREET ADDRESS 34525 WHITTING LANE  
CITY-ST-ZIP DADE CITY FL

TITLE VD ☐ DELETE

NAME HICKS, K.C.  
STREET ADDRESS 19 GERALDINE RD.  
CITY-ST-ZIP DADE CITY FL

TITLE SD ☐ DELETE

NAME CHILDERS, PAUL  
STREET ADDRESS 8611 HANDCART RD  
CITY-ST-ZIP ZEPHYRILLS FL

TITLE TD ☐ DELETE

NAME DUNCAN, MARSHALL  
STREET ADDRESS 12035 FORT KING RD.  
CITY-ST-ZIP DADE CITY FL

TITLE D ☐ DELETE

NAME REED, HOMER A.  
STREET ADDRESS 12372 CARL LOOP  
CITY-ST-ZIP DADE CITY FL

TITLE PD ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director  
7-9-99-352-567.1936  
Date Daytime Phone #

CR2E037 (5/99)