

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 14 AM 9:44

DOCUMENT # N09022 (7)
1. Corporation Name
CALVARY CHRISTIAN PENTECOSTAL CHURCH, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/01/1985	3a. Date of Last Report 04/25/1994
4. FEI Number 59-2876267	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes ☐ Yes ☐ No	

Principal Place of Business		Mailing Address	
939 MASSACHUSETTS AVE PENSACOLA FL 32505		939 MASSACHUSETTS AVE PENSACOLA FL 32505	
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**FLETCHER, ARTHUR L
939 MASSACHUSETTS AVE
PENSACOLA FL 32505****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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Arthur L. Fletcher

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	FLETCHER, ARTHUR L	1.2 NAME	
STREET ADDRESS	230 CLEMATIS ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	FLETCHER, PAMELA G	2.2 NAME	
STREET ADDRESS	230 CLEMATIS ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HOLT, SHERIDAN	3.2 NAME	
STREET ADDRESS	2702 MASSACHUSETTS AVE APT. 147	3.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(d), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Arthur L. Fletcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/95

1-904-3902