

FILE NOW: FILING FEE IS \$61.25

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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N16780** (1)

1. Corporation Name

CALVARY UNITED METHODIST CHURCH, INC.



Principal Place of Business 11000 110TH AVENUE NORTH LARGO FL 34648	Mailing Address 11000 110TH AVENUE NORTH LARGO FL 34648
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33778	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 33778
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3. Date Incorporated or Qualified 09/12/1986
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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 SMITH, WILLIAM W. 11000-110TH AVE N LARGO FL 33772
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	KURTZ, MORRIS
STREET ADDRESS	12100 SEMINOLE BLVD, #233
CITY-ST-ZIP	LARGO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DAVIS, KATHY
STREET ADDRESS	184 23RD AVENUE, SW
CITY-ST-ZIP	LARGO FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	ROBBINS, DENNIS
STREET ADDRESS	12004 104TH AVENUE, N
CITY-ST-ZIP	LARGO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JACK, DOROTHY
STREET ADDRESS	11330 113 AVE N.
CITY-ST-ZIP	LARGO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Angelo Yodice
1.3 STREET ADDRESS	2206 Donato Drive
1.4 CITY-ST-ZIP	Bellair Beach, FL. 33786
2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kathy Davis
2.3 STREET ADDRESS	10753-111th Street N.
2.4 CITY-ST-ZIP	Largo, FL. 33778
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	James Offutt
3.3 STREET ADDRESS	10714-115th Avenue N.
3.4 CITY-ST-ZIP	Largo, FL. 33778
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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dorothy Jones
5.3 STREET ADDRESS	20 Tiffin Way
5.4 CITY-ST-ZIP	Largo, FL. 33773
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Mildred Hardy
6.3 STREET ADDRESS	382-12th Avenue
6.4 CITY-ST-ZIP	Indian Rocks Beach, FL. 33775

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.

SIGNATURE: Dorothy Jack **Dorothy B. Jack, Director** **392-4700**

CR2E037 (10/97)