

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90028 045 \*\*\*\*61.25

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DOCUMENT # N16780

1. Corporation Name

CALVARY UNITED METHODIST CHURCH, INC.

Principal Place of Business

11000 110TH AVENUE NORTH  
LARGO FL 33778

Mailing Address

11000 110TH AVENUE NORTH  
LARGO FL 33778



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/12/1986

4. FEI Number

NOT APPLICABLE

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

SMITH, WILLIAM W.  
11000-110TH AVE. N  
LARGO FL 33772

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  
NAME YODICE, ANGELO  
STREET ADDRESS 2206 DONATO DRIVE  
CITY-ST-ZIP BELLAIR BEACH FL 33786

TITLE SD  
NAME DAVIS, KATHY  
STREET ADDRESS 10753-111TH STREET N  
CITY-ST-ZIP LARGO FL 33778

TITLE DD  
NAME OFFUTT, JAMES  
STREET ADDRESS 10714-115TH AVENUE N  
CITY-ST-ZIP LARGO FL 33778

TITLE D  
NAME JACK, DOROTHY  
STREET ADDRESS 11330 113 AVE N.  
CITY-ST-ZIP LARGO FL

TITLE D  
NAME JONES, DOROTHY  
STREET ADDRESS 20 TIFFIN WAY  
CITY-ST-ZIP LARGO FL 33773

TITLE D  
NAME HARDY, MILDRED  
STREET ADDRESS 382-12TH AVENUE  
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33775

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 10882 111th St. N.  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME Powers, Tony  
5.3 STREET ADDRESS 10850-111th St.  
5.4 CITY-ST-ZIP Largo, FL 33778

6.1 TITLE  
6.2 NAME Adams, Gary  
6.3 STREET ADDRESS 8844 117th St.  
6.4 CITY-ST-ZIP Seminole, FL 33772

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

Date

Daytime Phone #

4/5/99 392 4700

CR2F037 (11/98)