

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22344 (8)
1. Corporation Name
CALVARY CHRISTIAN MISSIONARY FELLOWSHIP, INC.



Principal Place of Business
**500 OR 510 W. 4TH ST
SANFORD FL 32771
US**

Mailing Address
**C/O MAX W. POOLE
500 OR 510 W 4TH ST
SANFORD FL 32771
US**

3. Date Incorporated or Qualified
09/03/1987

3a. Date of Last Report
04/21/1995

2. Principal Place of Business
21

2a. Mailing Address
26 C/O MAX W. POOLE

Suite, Apt. #, etc.
27 123 ALMA AVENUE

City & State
28 LAKE MARY, FLA.

Zip
29 32746

Country
30 US

4. FEI Number
59-2967785

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**POOLE, MAX W.
500 OR 510 W. 4TH ST.
SANFORD FL 32771**

10. Name and Address of New Registered Agent
81 Name MAX W. POOLE
82 Street Address (P.O. Box Number is Not Acceptable) 123 ALMA AVE.
83
84 City LAKE MARY, FL 85 Zip Code 32746

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 Max W. Poole President + Director 3-1-96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	POOLE, MAX W.	
STREET ADDRESS	500 OR 510 W. 4TH ST.	
CITY - ST - ZIP	SANFORD FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	POOLE, SUSAN A.	
STREET ADDRESS	600 OR 510 W. 4TH ST.	
CITY - ST - ZIP	SANFORD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ENGLAND, DEBBIE	
STREET ADDRESS	258 2ND STREET	
CITY - ST - ZIP	LAKE MARY 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MAX W. POOLE	
1.3 STREET ADDRESS	123 ALMA AVE.	
1.4 CITY - ST - ZIP	LAKE MARY, FL. 32746	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SUSAN A. POOLE	
2.3 STREET ADDRESS	123 ALMA AVE	
2.4 CITY - ST - ZIP	LAKE MARY, FL. 32746	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DEB	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BARBARA HICKSON	
4.3 STREET ADDRESS	123 ALMA AVE	
4.4 CITY - ST - ZIP	LAKE MARY, FL. 32746	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARY JANE WISE	
5.3 STREET ADDRESS	1322 BLACK OIVE DR.	
5.4 CITY - ST - ZIP	DELAND, FL. 32724-7851	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(3)(k), 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: Max W. Poole 3-1-96

407-322-8019
423-472-6364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)