

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
123 ALMA AVENUE
LAKE AMRY FL 32746
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 MAX W. POOLE

27 Suite, Apt. #, etc.

27 2575 EIFFEL CIRCLE WEST

28 City & State

28 JACKSONVILLE, Florida

29 Zip

29 32210

30 Country

30 U.S.A.

3. Date Incorporated or Qualified

09/03/1987

3a. Date of Last Report

03/18/1996

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.
123 ALMA AVENUE
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name

MAX W. POOLE

82 Street Address (P.O. Box Number is Not Acceptable)

2575 EIFFEL CIRCLE WEST

83

84 City

JACKSONVILLE

FL

85 Zip Code

32210

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME POOLE, MAX W.
STREET ADDRESS 123 ALMA AVENUE
CITY-ST-ZIP LAKE MARY FL

TITLE STD ☐ DELETE

NAME POOLE, SUSAN A.
STREET ADDRESS 123 ALMA AVENUE
CITY-ST-ZIP LAKE MARY FL

TITLE D ☐ DELETE

NAME ENGLAND, DEBBIE
STREET ADDRESS 258 2ND STREET
CITY-ST-ZIP LAKE MARY FL

TITLE D ☐ DELETE

NAME HICKSON, BARBARA
STREET ADDRESS 123 ALMA AVENUE
CITY-ST-ZIP LAKE MARY FL

TITLE D ☐ DELETE

NAME WISE, MARY JANE
STREET ADDRESS 1322 BLACK OLIVE DRIVE
CITY-ST-ZIP DELAND FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☐ Addition

1.2 NAME MAX W. POOLE
1.3 STREET ADDRESS 2575 EIFFEL CIRCLE W
1.4 CITY-ST-ZIP JACKSONVILLE, FLA. 32210

2.1 TITLE STD ☐ Change ☐ Addition

2.2 NAME SUSAN A. POOLE
2.3 STREET ADDRESS 2575 EIFFEL CIRCLE W
2.4 CITY-ST-ZIP JACKSONVILLE, FLA. 32210

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 do 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:

Max W. Poole

NOT REQUIRED

APR 24-97 904-786-1888

CR2E037 (9/96)