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**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90156 036 \*\*\*\*70.00

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N22344**

1. Corporation Name

**CALVARY CHRISTIAN MISSIONARY FELLOWSHIP, INC.**

Principal Place of Business

500 OR 510 W. 4TH ST  
SANFORD FL 32771  
US

Mailing Address

POOLE, MAX W.  
2575 EIFFEL CIRCLE WEST  
JACKSONVILLE FL 32210  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 POOLE, MAX W.

27 Suite, Apt. #, etc. 2575 EIFFEL CIRCLE WEST

28 City & State JACKSONVILLE, FL

29 Zip 32210

30 Country US

3. Date Incorporated or Qualified

09/03/1987

4. FEI Number

59-2967785

Applied For

☒ No: Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

POOLE, MAX W.  
2575 EIFFEL CIRCLE WEST  
JACKSONVILLE FL 32210

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 MAX W. POOLE PRESIDENT & DIRECTOR

Max W. Poole APRIL 1-1999

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** ☐ DELETE

NAME **POOLE, MAX W.**  
STREET ADDRESS **2575 EIFFEL CIR. W.**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **STD** ☐ DELETE

NAME **POOLE, SUSAN A.**  
STREET ADDRESS **2575 EIFFEL CIR. W.**  
CITY-ST-ZIP **JACKSONVILLE 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

NAME **W. TERRY KIRKSEY**  
STREET ADDRESS **436 CHIFF DR.**  
CITY-ST-ZIP **POOLER, GA. 31322**

4.1 TITLE ☐ Change ☒ Addition

NAME **MATTHAN WADE BUSH POOLE**  
STREET ADDRESS **2575 EIFFEL CIRCLE WEST**  
CITY-ST-ZIP **JACKSONVILLE, FLA. 32210**

5.1 TITLE ☐ Change ☒ Addition

NAME **ELVIS MIDDLETON**  
STREET ADDRESS **RT. 1 BOX 207 A**  
CITY-ST-ZIP **LUDOWICE, GA. 31316**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Max W. Poole MAX W. POOLE APR 1-1999

904 786-1888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0005235