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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 MAR 20 PM 2:23

DOCUMENT # N24698 (5)

1. Corporation Name

CALVARY BIBLE CHURCH OF INVERNESS, INC.

Principal Place of Business	Mailing Address
5335 JASMINE LANE C/O DAVID T. CANNON, JR. INVERNESS FL 34453-1070 US	5335 JASMINE LANE C/O DAVID T. CANNON, JR. INVERNESS FL 34453-1070 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1988
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-2881083 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

CANNON, DAVID T., JR.
736 GOSPEL OAKS TERR.
INVERNESS FL 34450

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number Is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	CANNON, DAVID T., JR.	1.2 NAME	
STREET ADDRESS	736 GOSPEL OAKS TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	GARDNER, RICHARD	2.2 NAME	GARDNER, RICHARD
STREET ADDRESS	620 BALBOA AVE.	2.3 STREET ADDRESS	4011 S. TOM AVE
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	ROWSEY, CURTIS	3.2 NAME	
STREET ADDRESS	2500 CARNEGIE DR., S.	3.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	3.4 CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	D	4.1 TITLE	D/S ☒ Change ☐ Addition
NAME	JONES, EDWIN	4.2 NAME	JONES, EDWIN
STREET ADDRESS	5910 W LEITH CTQ	4.3 STREET ADDRESS	5910 W. LEITH COURT
CITY-ST-ZIP	CRYSTAL RIVER FL	4.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE		5.1 TITLE	D/T ☐ Change ☒ Addition
NAME		5.2 NAME	MERLIN FRUM
STREET ADDRESS		5.3 STREET ADDRESS	3017 E. FOX COURT
CITY-ST-ZIP		5.4 CITY-ST-ZIP	INVERNESS, FL 34452
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	MERRITT DYER
STREET ADDRESS		6.3 STREET ADDRESS	2971 E. DAWSON DRIVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	INVERNESS, FL 34453

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)(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: David T. Cannon Jr - DAVID T. CANNON, JR. 3/3/95 904-344-8331
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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