

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34755** (1)
1. Corporation Name
CALVARY GRACE CHURCH OF FAITH OF ANASTASIA, INC.



Principal Place of Business C/O JERRY F. ST. CLAIR 2487 S. R. 3 ST. AUGUSTINE FL 32084		Mailing Address C/O JERRY F. ST. CLAIR 49 MANRESA RD. ST. AUGUSTINE FL 32095 US		3. Date Incorporated or Qualified 10/19/1989	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2971250	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country 25		Country 30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent ST. CLAIR, JERRY F. 49 MANRESA RD. ST. AUGUSTINE FL				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	DP	<input type="checkbox"/> DELETE			
NAME	ST. CLAIR, JERRY F.				
STREET ADDRESS	49 MANRESA RD.				
CITY-ST-ZIP	ST. AUGUSTINE FL				
TITLE	DS	<input type="checkbox"/> DELETE			
NAME	ST. CLAIR, MARGARET				
STREET ADDRESS	49 MANRESA RD.				
CITY-ST-ZIP	ST. AUGUSTINE FL				
TITLE	DT	<input type="checkbox"/> DELETE			
NAME	ROSA, EDWARD F.				
STREET ADDRESS	121 ARGONAUT RD.				
CITY-ST-ZIP	ST. AUGUSTINE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ROSA, DORA				
STREET ADDRESS	121 ARGONAUT RD.				
CITY-ST-ZIP	ST. AUGUSTINE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ST. CLAIR, CONNIE M.				
STREET ADDRESS	49 MANRESA RD.				
CITY-ST-ZIP	ST. AUGUSTINE FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
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 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: *Margaret St. Clair* 3/23/98 (904) 879-3884

CP2E037 (10/97)