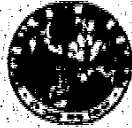


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE ABOVE DATE OF DISSOLUTION: UNKNOWN AMOUNT DUE TO SECRETARY OF STATE.

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL -7 AM 8:44

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # N37387 (0)
 1. Corporation Name
CALVARY COMMUNITY CHURCH, INC.

Principal Place of Business Mailing Address
 P.O. BOX 9333 P.O. BOX 9333
 NAPLES FL 33941 NAPLES FL 33941

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
03/26/1990 04/25/1994

4. FEI Number Applied For
65-0197457 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 **FILING FEE IS \$61.25**

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

2. Principal Place of Business 2a. Mailing Address
 21 **3161 SANTA BARBARA BLVD** 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22
 23 **NAPLES FL** 27 City & State
 City & State
 24 **33949** 25 **USA** 28 Zip Country
 Zip Country

9. Name and Address of Current Registered Agent
SNYDER, WESLEY C., JR.
1272 12TH AVENUE NORTH
NAPLES FL 33940

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 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 reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WESLEY, SNYDER, C., JR.
STREET ADDRESS	1272 12TH AVENUE NORTH
CITY - ST - ZIP	NAPLES FL
TITLE	D
NAME	TICKNOR, TERRY
STREET ADDRESS	5700 S. W. 22ND AVENUE
CITY - ST - ZIP	NAPLES FL
TITLE	D
NAME	STEINBERG, DAVID
STREET ADDRESS	4175 NORTH RD.
CITY - ST - ZIP	NAPLES FL
TITLE	E
NAME	SMITH, BRAFDOR G.
STREET ADDRESS	11180 SAN SEBASTIAN LANE
CITY - ST - ZIP	BONITA SPRINGS FL
TITLE	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Bradford G. Smith* **BRADFORD SMITH** 6/30/95 941-495-0123
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #

CR2E037 (3/95)