## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

(0)

CALVARY COMMINITY CULIRCUING

CALVARY COMMUNITY CHURCH, INC.												
Principal Place of Business			Mailing Address					P   DOLLICO   BOD DIVIN VODOD HAND HAND	1001 61011 (	INDIA MINITERIA		
3161 SANTA BARBARA BLVD NAPLES FL 33999 US			P.O. BOX 9333 NAPLES FL 33941									
00							3.	Date Incorporated or Qualified 03/26/1990	За.	Oate of Last 07/07/19	Report 995	
Principal Place of Business     The Principal Place of Business     The Principal Place of Business			2a. Mailing Address 26				4.	4. FEI Number 65-0197457			Applied For Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5	. Certificate of Status Desired			Additional Required	
City & State			City & State				6	Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zıp <b>24</b>	Country 25	29	Ζιρ	Count 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				199.032,	
	9. Name and Address of Current	Regis	tered Agent			,	10	). Name and Address of New F	legistere	d Agent		
					81	Name						
Snyder, Wesley C., Jr. 1272 12Th Avenue North					82	Street Add	ddress (F	P.O. Box Number is Not Acceptate	ole)			
					-		`					
NAPLES FL 33940					83							
					84	City			F	<b>L</b> 85 Zip	Code	
11. Pursuant t	o the provisions of Sections 617.0502	and 61	7.1508, Florida Statute	es, the abo	ve-r	named corpo	ooration	submits this statement for the pu	rpose of o	changing its r	egistered office	
or register familiar wit	ed agent, or both, in the State of Florid th, and accept the obligations of, Section	ia. Such on <b>617</b> .	i change was authoriz 0503. Florida Statutes	ed by the d i.	orp	oration's bo	oard of c	directors. I hereby accept the app	ontment	as registered	agent. ram	
										4-16-91	<u>'</u>	
SIGNATURE _	Washing ( Sweeter ). Signature, typedfor printed name of registered agent a	and title if a	applicable (NC	TE: Registered	Agen	nt signature requi	uirea when i		DATE	•		
12.	OFFICERS AND	DIREC		13.				ADDITIONS CHANGES TO OFF	ICERS A			
TITLE	D		□DELETÉ	1.1 Ti	TLE					☐ Change	Addition	
NAMÉ	WESLEY, SNYDER, C., JR.		1.2 N		.2 NAME							
STREET ADDRESS	1272 12TH AVENUE NORTH	1.3 5		1.3 ST	1.3 STREET ADDRESS							
CITY-ST-ZIP	NAPLES FL		···			1.4 CITY - ST - ZIP						
TITLE	D			2 1 TI	TLE					Change	☐ Addition	
NAME	TICKNOR, TERRY		2 2 NAME									
STREET ADDRESS	5700 S. W. 22ND AVENUE		. 2		23 STREET ADDRESS							
CITY-ST-ZIP	NAPLES FL				2 4 CITY-ST-ZIP							
TITLE	D		[] DELETE	3.1 (1	TLE					Change	☐ Addition	
NAME	STEINBERG, DAVID			3.2 N	AME							
STREET ADDRESS	4175 NORTH RD.			3.3 S	REET	ADDRESS						
CITY-ST-ZIP	NAPLES FL				_	ST-ZIP				·		
TITLE	E		DELETE	4.1 TI	TLE					Change	■ Addition	
NAME	SMITH, BRAFORD G			4. 2 N								
STREET ADDRESS	11180 SAN SEBASTIAN LANE			4.3 ST	rreet	T ADORESS						
CITY-ST-ZIP	BONITA SPRINGS FL					ST-ZIP						
TITLE			DELETE	5.1 Ti						Change	Addition	
NAME				5.2 N								
STREET ADDRESS				538	TREET	T ADDRESS						
CITY-ST-ZIP						ST-ZIP				F71.01		
TITLE			DELETE	61 T	TLE					Change	☐ Addition	
NAME				6 2 N	AME	1						
STREET ADDRESS				63 S	TREET	T ADDRESS						
CITY-ST-ZIP				64C	TY-S	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 119.07(3)(k), 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:

While C Surger Signature and typed of posited name of Signing Officer on Director

4-16-90 941-353-7200