# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 JAN 20 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39578 (2)

1. Corporation Name
CALVARY INTERNATIONAL MINISTRIES, INC.

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| % LANA FAYE HOLLENBACK<br>14338 CRISTOBAL ST SE<br>FT MYERS FL 33905 | % LANA FAYE HOLLENBACK<br>14338 CRISTOBAL ST SE<br>FT MYERS FL 33905 |

3. Date Incorporated or Qualified: 07/18/1990
3a. Date of Last Report: 01/21/1994
4. FEI Number: 65-0235466 ☐ 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 | 2a. Mailing Address |
|---|---|
| 21 | 26 P.O. Box 50907 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 Fort Myers FL |
| Zip 24 / Country 25 | Zip 29 33905-0907 / Country 30 U.S.A. |

9. Name and Address of Current Registered Agent

HOLLENBACK, LANA FAYE
14338 CRISTOBAL ST SE
FT MYERS FL 33905

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | HOLLENBACK, LANA FAYE | 1.2 NAME | |
| STREET ADDRESS | 14338 CRISTOBAL ST SE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS FL | 1.4 CITY-ST-ZIP | |
| TITLE | DST | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | LINDHOUT, BILLIE ANN | 2.2 NAME | |
| STREET ADDRESS | 4010 SABAL LN SE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | D ☒ Change ☐ Addition |
| NAME | GAINES, VICTOR | 3.2 NAME | GAINES, VICTOR |
| STREET ADDRESS | 4729 PALM BCH BLVD #30 | 3.3 STREET ADDRESS | 3463 GRAND DADDY Rd |
| CITY-ST-ZIP | FT MYERS FL | 3.4 CITY-ST-ZIP | LAWRENCEBURG TENNESSEE 38464 |
| TITLE | D | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | MOSELEY, JOAN | 4.2 NAME | |
| STREET ADDRESS | 15087 IONA LAKES DR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | PHILLIPS, RICHARD | 5.2 NAME | |
| STREET ADDRESS | 309 BROADVIEW DR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS FL | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☒ Addition |
| NAME | | 6.2 NAME | Hollenback, Gail L Richard, SR. |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 14338 Cristobal St |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Fort Myers FL 33905 CCC 1-24-95 |

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: Lana Faye Hollenback 1/12/95 813-694-8444
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
LANA FAYE Hollenback

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