

FILE NOW: FILING FEE \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39578
1. Corporation Name Calvary International Ministries, Inc.

Principal Place of Business 14338 Cristobal St., Fort Myers, FL 33905-2335
Mailing Address P.O. Box 50907 Fort Myers, FL 33905-8907

3. Date Incorporated or Qualified <u>5/31/90</u>	3a. Date of Last Report <u>1/13/95</u>
4. FEI Number <u>65 023546</u>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<u>Lana Hollenback</u> <u>14338 Cristobal St.</u> <u>Fort Myers, FL 33905-2335</u>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
		<u>FL</u>	

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
STREET ADDRESS	CITY - ST - ZIP	13 STREET ADDRESS	14 CITY - ST - ZIP
1 <u>Director</u> <input checked="" type="checkbox"/> DELETE	<u>Dick Hollenback</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<u>Kathy Hilliard</u>
2 <u>Director</u> <input checked="" type="checkbox"/> DELETE	<u>Victor Gaines</u>	21 TITLE	22 NAME
3 <u>Director</u> <input checked="" type="checkbox"/> DELETE	<u>Richard Pauls</u>	23 STREET ADDRESS	24 CITY - ST - ZIP
4 <u>Director</u> <input checked="" type="checkbox"/> DELETE	<u>Billie A. Lindhout</u>	31 TITLE	32 NAME
5 <u>President</u> <input type="checkbox"/> DELETE	<u>Lana Hollenback</u>	33 STREET ADDRESS	34 CITY - ST - ZIP
6 <u>Director</u> <input type="checkbox"/> DELETE	<u>Joan Moseley</u>	41 TITLE	42 NAME
		43 STREET ADDRESS	44 CITY - ST - ZIP
		51 TITLE	52 NAME
		53 STREET ADDRESS	54 CITY - ST - ZIP
		61 TITLE	62 NAME
		63 STREET ADDRESS	64 CITY - ST - ZIP
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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: [Signature] **4/30/96** **(941) 694-8744**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CS 6/27/96**

CR2E037 (12/95)