

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39578** (2)
1. Corporation Name
CALVARY INTERNATIONAL MINISTRIES, INC.



Principal Place of Business % LANA FAYE HOLLENBACK 14338 CRISTOBAL ST SE FT MYERS FL 33905 - 2335	Mailing Address P.O. BOX 50907 FORT MYERS FL 33994-0907 US
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3. Date Incorporated or Qualified 07/18/1990	3a. Date of Last Report 06/27/1996
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2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0235466 Applied For 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 type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLLENBACK, LANA FAYE
14338 CRISTOBAL ST SE
FT MYERS FL 33905 - 2335**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLENBACK, LANA FAYE	1.2 NAME	Randolph Wood
STREET ADDRESS	14338 CRISTOBAL ST SE	1.3 STREET ADDRESS	14311 Olga Rd
CITY-ST-ZIP	FT MYERS FL 33905	1.4 CITY-ST-ZIP	FT MYERS FL 33905-2346
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSELEY, JOAN	2.2 NAME	DANA Wiley
STREET ADDRESS	15087 IONA LAKES DR	2.3 STREET ADDRESS	604 SE 31st St
CITY-ST-ZIP	FORT MYERS FL 33908	2.4 CITY-ST-ZIP	CAPE CORAL FL 33904-3545
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILLIARD, KATHY	3.2 NAME	VICTOR Roldan
STREET ADDRESS	4197 SKATES CIR	3.3 STREET ADDRESS	571 Prospect Ave
CITY-ST-ZIP	FORT MYERS FL 33905	3.4 CITY-ST-ZIP	FT MYERS FL 33905-3562
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RILES, WENDLE	4.2 NAME	Michael Ketchum
STREET ADDRESS	1717 HIGH ST	4.3 STREET ADDRESS	PO Box 1021
CITY-ST-ZIP	FORT MYERS FL 33901	4.4 CITY-ST-ZIP	ALVA FL 33920-1021
TITLE	C <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TROTTER, RILEY	5.2 NAME	Beth KONCAR
STREET ADDRESS	3027 BROADWAY APT 77	5.3 STREET ADDRESS	8200 Panzarella Rd
CITY-ST-ZIP	FORT MYERS FL 33901	5.4 CITY-ST-ZIP	FT MYERS FL 33912-1415
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	LARRY Broadhead
STREET ADDRESS		6.3 STREET ADDRESS	12405 RIVER RD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	FT MYERS FL 33905-1780

14. I do 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: *[Signature]* LANA FAYE HOLLENBACK 3/20/97

CR2E037 (9/96)