


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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 US			Mailing Address P.O. BOX 50907 FORT MYERS FL 33905-0907 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/18/1990	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0235466	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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		
			85 Zip Code FL 33905-2335		
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					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	HOLLENBACK, LANA FAYE				
STREET ADDRESS	14338 CRISTOBAL ST SE				
CITY-ST-ZIP	FT MYERS FL				
TITLE	DC	<input type="checkbox"/> DELETE			
NAME	WOOD, RANDOLPH				
STREET ADDRESS	14311 OLGA RD				
CITY-ST-ZIP	CAPE CORAL FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HILLIARD, KATHY				
STREET ADDRESS	4197 SKATES CIR				
CITY-ST-ZIP	FORT MYERS FL 33905				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WILEY, DAVE				
STREET ADDRESS	604 SE 31 ST				
CITY-ST-ZIP	CAPE CORAL FL				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	KONCAR, BETH				
STREET ADDRESS	8200 PONZARSE RD				
CITY-ST-ZIP	FT MYERS R				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP 33905-2335					
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS 14311 OLD OLGA RD					
2.4 CITY-ST-ZIP FORT MYERS, FL 33905-2346					
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 checked="" type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP 33904-3354					
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 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 or changed, or on an attachment with an address.					
SIGNATURE: <i>Randolph Wood</i> RANDOLPH WOOD January 6, 1998 (941) 644-5005					



CR2E037 (10/97)