

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90041 025 ****70.00

DOCUMENT # N39578

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 33994-0907
US

285531 - 90041 - 25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

07/18/1990

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

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 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
NAME HOLLENBACK, LANA FAYE
STREET ADDRESS 14338 CRISTOBAL ST SE
CITY-ST-ZIP FT MYERS FL 33905

TITLE DC
NAME WOOD, RANDOLPH
STREET ADDRESS 14311 OLD OLGA RD
CITY-ST-ZIP FT MYERS FL 33905

TITLE D
NAME HILLIARD, KATHY
STREET ADDRESS 4197 SKATES CIR
CITY-ST-ZIP FORT MYERS FL 33905

TITLE D
NAME WILEY, DAVE
STREET ADDRESS 604 SE 31 ST
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D
MARK T. GOODMAN
13330 THIRD ST
FORT MYERS, FL 33905

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D
DICK CROCKETT
17290 REWIS RD
AURA, FL 33920

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

~~MARK T. GOODMAN~~

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

D
LINDA WARNER
4437 BIRMINGHAM ST
FORT MYERS, FL 33905

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RANDOLPH A. WOOD 3/3/99 941-694-8744

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)