


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N51018** (2)

1. Corporation Name

**CALVARY CHRISTIAN CENTER ASSEMBLY OF GOD OF CITR  
US COUNTY, INC.**

Principal Place of Business	Mailing Address
PO BOX 1313 HERNANDO FL 34442	PO BOX 1313 HERNANDO FL 34442

3. Date incorporated or Qualified

**09/25/1992**

4. FEI Number

**59-3070584**

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COOK, PHILIP J  
930 STANFORD TERRACE  
INVERNESS FL 34450**

81 Name	<b>Cook, Philip J.</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>8 Truman Blvd</b>
83	
84 City	<b>Beverly Hills</b>
85 Zip Code	<b>FL 34465</b>

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	PD	<input type="checkbox"/> DELETE
NAME	<b>COOK, PHILIP J</b>	
STREET ADDRESS	<b>930 STANFORD TERRACE</b>	
CITY-ST-ZIP	<b>INVERNESS FL</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>YOUNG, MICHAEL</b>	
STREET ADDRESS	<b>5903 NORTH OAK MOUNT DR.</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>LACEY, DALE</b>	
STREET ADDRESS	<b>340 N. CORNISH POINT</b>	
CITY-ST-ZIP	<b>LECANTO FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>STRICKLAND, DAVID</b>	
STREET ADDRESS	<b>4742 E. SPRUCE DR.</b>	
CITY-ST-ZIP	<b>DUNNELLON FL</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARCHESE, WILLIAM</b>	
STREET ADDRESS	<b>5828 S. LIVE OAK DR.</b>	
CITY-ST-ZIP	<b>FLORAL CITY FL</b>	
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 type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Strickland, Dave</b>	
2.3 STREET ADDRESS	<b>4742 E. Spruce Dr.</b>	
2.4 CITY-ST-ZIP	<b>Dunnellon, FL 34434</b>	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>George Mercer</b>	
3.3 STREET ADDRESS	<b>2091 N. Croft Ave</b>	
3.4 CITY-ST-ZIP	<b>Hernando FL 34442</b>	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Dale Lacey</b>	
4.3 STREET ADDRESS	<b>340 N. Cornish Point</b>	
4.4 CITY-ST-ZIP	<b>Le canto, FL 34461</b>	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Forest Felling</b>	
5.3 STREET ADDRESS	<b>1206 Cypress Cove Ct. Box 13</b>	
5.4 CITY-ST-ZIP	<b>Inverness, FL 34450</b>	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Rolf Becker</b>	
6.3 STREET ADDRESS	<b>6090 N. Silver Palmway</b>	
6.4 CITY-ST-ZIP	<b>Beverly Hills, FL 34465</b>	

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.

SIGNATURE:

*[Signature]*

4/8/98

CR2E037 (10/97)