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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N51018

1. Corporation Name

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

Principal Place of Business

PO BOX 1313
HERNANDO FL 34442

Mailing Address

PO BOX 1313
HERNANDO FL 34442

354710 - 90007 - 21



2. Principal Place of Business

21 2728 E. Harley St.
Suite, Apt. #, etc.

2a. Mailing Address

26 2728 E. Harley St.
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

09/25/1992

4. FEI Number

59-3070584

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

City & State

23 Inverness, FL

City & State

28 Inverness, FL

Zip Country

24 34453 25

Zip Country

29 34453 30

9. Name and Address of Current Registered Agent

COOK, PHILIP J

8 TRUMAN BLVD
BEVERLY HILLS FL 34465

10. Name and Address of New Registered Agent

81 Name Cook, Philip J.

82 Street Address (P.O. Box Number is Not Acceptable)
1428 E. Allegrie Dr.

83

84 City Inverness FL 85 Zip Code 34453

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 ☐ DELETE

NAME COOK, PHILIP J
STREET ADDRESS 930 STANFORD TERRACE
CITY-ST-ZIP INVERNESS FL

TITLE VD ☒ DELETE

NAME STRICKLAND, DAVE
STREET ADDRESS 4742 E. SPRUCE DRIVE
CITY-ST-ZIP DUNNELLON FL 34434

TITLE D ☒ DELETE

NAME LACEY, DALE
STREET ADDRESS 340 N. CORNISH POINT
CITY-ST-ZIP LECANTO FL 34461

TITLE D ☐ DELETE

NAME MERCER, GEORGE
STREET ADDRESS 2091 N. CROFT AVE
CITY-ST-ZIP HERNANDO FL 34442

TITLE D ☐ DELETE

NAME FELLING, FOREST
STREET ADDRESS 1206 CYPRESS COVE CT. BOX 13
CITY-ST-ZIP INVERNESS FL 34450

TITLE D ☐ DELETE

NAME BOCKER, ROLF
STREET ADDRESS 6090 N. SILVER PALM WAY
CITY-ST-ZIP BEVERLY HILLS FL 33465

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME Don Phillips
2.3 STREET ADDRESS 805 S. Rosemary Pt.
2.4 CITY-ST-ZIP HOMESASSA, FL 34448

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME ED Popjoy
3.3 STREET ADDRESS 424 N. Brighton Rd
3.4 CITY-ST-ZIP LECANTO, FL 34453

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

SIGNATURE: *[Signature]* **DATE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/99

352-637-5100

CR2E037 (1/1/98)