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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N93000003733

1. Corporation Name

THANKS TO CALVARY MINISTRIES, INC.

Principal Place of Business

8359 STATE ROAD 100
MELROSE FL 32666

Mailing Address

P.O. BOX 1076
MELROSE FL 32666



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

08/13/1993

4. FEI Number

59-3206955

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

STEPHENSON, ROBERT I
8359 STATE ROAD 100
MELROSE FL 32666

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 PD ☐ DELETE

NAME STEPHENSON, ROBERT I

STREET ADDRESS 8359 STATE ROAD 100

CITY-ST-ZIP MELROSE FL 32666

TITLE VT ☐ DELETE

NAME STEPHENSON, JEAN H

STREET ADDRESS 8359 STATE ROAD 100

CITY-ST-ZIP MELROSE FL 32666

TITLE S ☐ DELETE

NAME STEPHENSON, JENIFER

STREET ADDRESS P O BOX 1943 N/A 5630 CHEROKEE ST

CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE D ☐ DELETE

NAME STEPHENSON, JODY

STREET ADDRESS 5630 CHEROKEE ST

CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE ☐ DELETE

NAME PD

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME STEPHENSON, ROBERT I

STREET ADDRESS 8359 STATE ROAD 100

CITY-ST-ZIP MELROSE FL 32666

TITLE VT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 08/13/1993 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 59-3206955

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 08/13/1993

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME 59-3206955

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: *Robert I. Stephenson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-99

Date

352-475-1853

Daytime Phone #

001-399

CR2E037 (11/98)