

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003312 (5)

1. Corporation Name

CALVARY CHURCH, INC.



Principal Place of Business

300 E. HWY. 50
CLERMONT FL 34711

Mailing Address

P.O. BOX 120038
CLERMONT FL 34712

3. Date Incorporated or Qualified
06/30/1994

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 617 MONTROSE ST.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 CLERMONT FL

28

Zip

Country

Zip

Country

24 34711

25 LAKE

29

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KINSEY, R. DALE
300 E. HWY. 50
CLERMONT FL 34711

81 Name

KINSEY, R. DALE

82

Street Address (P.O. Box Number is Not Acceptable)

1150 HADDOCK DR

83

84 City

CLERMONT

FL

85 Zip Code

34711

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE
NAME KINSEY, DALE R
STREET ADDRESS 300 E. HWY 50
CITY-ST-ZIP CLERMONT FL 34711

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME KINSEY, R. DALE (T)
1.3 STREET ADDRESS 1150 HADDOCK DR
1.4 CITY-ST-ZIP CLERMONT FL 34711

TITLE T ☐ DELETE
NAME JUDY, CAROLE A
STREET ADDRESS 9006 MOSSY OAK LANE
CITY-ST-ZIP CLERMONT FL 34711

2.1 TITLE T ☐ Change ☐ Addition
2.2 NAME JUDY, CAROLE A (T)
2.3 STREET ADDRESS 9006 MOSSY OAK LANE
2.4 CITY-ST-ZIP CLERMONT FL 34711

TITLE T ☐ DELETE
NAME HENDERSON, GEORGE
STREET ADDRESS 11719 LAKE SUSAN COURT
CITY-ST-ZIP CLERMONT FL 34711

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME HENDERSON, GEORGE (T)
3.3 STREET ADDRESS 11719 LAKE SUSAN COURT
3.4 CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME GANT, JAMES (T)
4.3 STREET ADDRESS 6601 ROSE ST
4.4 CITY-ST-ZIP GROVELAND FL 34736

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

R. Dale Kinsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

Date

352-394-7227

Daytime Phone #

CR2E037 (12/95)