

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---

DOCUMENT # **N94000003312 (5)**

1. Corporation Name

**CALVARY CHURCH, INC.**

Principal Place of Business

**617 MONTROSE ST  
CLERMONT FL 34711  
US**

Mailing Address

**P.O. BOX 120038  
CLERMONT FL 34712-0038**



3. Date Incorporated or Qualified  
**06/30/1994**

3a. Date of Last Report  
**03/29/1996**

2. Principal Place of Business

**21 716 W. Montrose St.**

Suite, Apt. #, etc.

**22**

City & State

**23 Clermont, FL**

Zip

**24 34711**

Country

**25 Lake**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

4. FEI Number  
**59-3250107**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**KINSEY, R DALE  
1150 HADDOCK DR  
CLERMONT FL 34711**

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 on Section 617.0503, Florida Statutes.

SIGNATURE

*R. Dale Kinsey*

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 **P** ☐ DELETE  
NAME **KINSEY, R DALE**  
STREET ADDRESS **1150 HADDOCK DR**  
CITY-ST-ZIP **CLERMONT FL**

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

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

TITLE **T** ☐ DELETE  
NAME **GANT, JAMES**  
STREET ADDRESS **8801 ROSE ST**  
CITY-ST-ZIP **GROVELAND FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ 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  
5.4 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 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: *R. Dale Kinsey* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0069627**

CR2E037 (9/96)