

3-24-98 B-3661 C
FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

**716 W MONTROSE ST
CLERMONT FL 34711
US**

Mailing Address

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

3. Date Incorporated or Qualified

06/30/1994

4. FEI Number

59-3250107

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

**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 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 **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 **9008 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 **8601 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 ☐ Change ☒ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

S/D

JUNE HIGDON

4234 AG RD

GROVELAND FL 34736

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D

ELBERT BARNES

6706 CHERRY LAKE RD

GROVELAND FL 34736

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D

GEORGE HENDERSON

11719 LAKE SUSAN COURT

CLERMONT FL 34711

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D

JAMES GANT

6601 ROSE ST

GROVELAND FL 34736

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

D

ROBERT NEWSOME

12701 BRUCE HUNT RD

CLERMONT FL 34711

6.1 TITLE

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.

SIGNATURE:

June Higdon **June Higdon**

3/11/98

352-394-7227

CR2E037 (10/97)