FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003757 (1)

1. Corporation Name
CALVARY OUTREACH CENTER INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1600 31ST ST S. ST PETERSBURG FL 33712	1600 31ST ST S. ST PETERSBURG FL 33712

3. Date Incorporated or Qualified: 07/27/1994
3a. Date of Last Report:
4. FEI Number: 65-0515525 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2526 - Central Avenue	26 1600 - 31st Street South
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St. Petersburg Florida	City & State 28 St. Petersburg Florida
Zip 24 33712 County 25 Pinellas	Zip 29 33712 County 30 Pinellas

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ADAMS, THELMA
1600 31ST ST S.
ST PETERSBURG FL 33712

10. Name and Address of New Registered Agent

81 Name N/A.
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Thelma Adams (NOTE: Registered Agent signature required when reinstating) DATE 3/25-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, WILLIAM	1.2 NAME	
STREET ADDRESS	3623 4TH AVE S	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33711	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, THELMA	2.2 NAME	
STREET ADDRESS	1600 31ST ST S.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33712	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	☐ Change ☐ Addition
NAME	CLARKE, RUBERTHA	3.2 NAME	
STREET ADDRESS	4430 FAIRFIELD AVE S	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33711	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, JOAN	4.2 NAME	
STREET ADDRESS	700 JASMINE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33705	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Thelma Adams 3/25/95 813-321-0646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
THELMA ADAMS

DOS021R