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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # N9400003757 (1) CALVARY OUTREACH CENTER INC.  |   |  |  |   |  |  |                                   | 1111   | 9 <b>184 188 18</b> 16           | Oldia doma dom                     | i <b>at</b> ini <b>an</b> i | :))                              | i              | fi 31114 1864 1886             |
|--|---|--|--|---|--|--|-----------------------------------|--|----------------------------------|------------------------------------|-----------------------------|----------------------------------|----------------|--------------------------------|
| Principal Pla  | ce of Busines   | s  | Mailing Addre  |   |  |  |                                   |  |                                  |                                    |                             |                                  |                |                                |
| 2526 CENTRAL AVENUE<br>ST PETERSBURG FL 33712<br>US  |   |  | 1600 31ST ST S.<br>ST PETERSBURG FL 33712  |   |  |  |                                   |  |                                  |                                    | · ESTIL 501                 | 191 <b>- 11</b>                  | TII PARE       | ii minii emāl emāl             |
| 00   |   |  |  |   |  |  |                                   | 3. Date Inc  |                                  | or Qualified                       | За.                         | Date of                          | Last           | Report                         |
| 2. Principal   | Place of Busin  | ness   | 2a. Mailing Ad   | lorge?  |  |  |                                   |  | 27/1994                          |                                    |                             | 04/                              | 19/1           | 995                            |
| 21   |   |  | 26 Suite, Apt. #, etc.   |   |  |  |                                   | 4. FEI Number 65-0515525   |                                  |                                    |                             | Applied For                      |                |                                |
| Suite, Apr   | t. #, etc.  |  |  |   |  |  |                                   | F 0-15-1-40-1-5  |                                  |                                    |                             | Not Applicable \$8.75 Additional |                |                                |
| City & Sta   | ate   |  | City & Stat  | te  |  |  |                                   | 6. Election  | Campaign                         | Financing                          |                             |                                  |                | Required  May Be               |
| Zip  |   | Country  | 28  <br>  Zip  |   | Country  |  |                                   | Trust Fur  | nd Contribu                      | ition                              |                             |                                  | Adde           | d to Fees                      |
| 4  |   | 25   | 29   | t   | 30 Country   |  |                                   | <ol><li>This corp</li><li>Florida S</li></ol>  | oration has                      |                                    | intangible<br>DYes          |                                  | der s.         | 199.032,                       |
|  | 9. Name   | and Address of Currer  | nt Registered Agen   | nt  |  |  |                                   | 0. Name a  |                                  |                                    |                             |                                  | t              |                                |
| 45444  |   |  |  |   | 81   | Name   |                                   |  |                                  |                                    | - <del></del>               |                                  |                |                                |
|  | , thelma<br>ist st s.   |  |  |   | 82   | Street   | Address                           | (P.O. Box No   | ımber is N                       | ot Acceptab                        | le)                         |                                  |                |                                |
|  | iai Si S.<br>ERSBURG F  | 1 33712  |  |   | 83   |  |                                   | <del></del> -  |                                  |                                    | · <u> </u>                  |                                  |                |                                |
|  |   | C 007 12   |  |   |  |  | <u>-</u>                          |  |                                  |                                    |                             |                                  |                |                                |
|  |   |  |  |   | 84   |  |                                   |  |                                  |                                    |                             | 85                               | Ζiρ            | Code                           |
| <del></del>  | <u></u> -   |  |  |   | 1 - 1  | City   |                                   |  |                                  |                                    | F                           | - 00                             | 1 1            |                                |
| 11. Pursuant<br>or registe   | to the provision  | ons of Sections 617.0502<br>both, in the State of Flori  | and 617.1508, Flori  | ida Statutes,                                 |  |  | orporation                        | submits this   | s statemen                       | t for the purp                     | pose of c                   | L                                | its re         | oistered offic                 |
| 11. Pursuarit<br>or registe<br>familiar w  | to the provision<br>ared agent, or<br>with, and accep   | ons of Sections 617.0502<br>both, in the State of Florio<br>of the obligations of, Sect  | and 617.1508, Flori<br>da. Such change wa<br>ion 617.0503, Florida                             | ida Statutes,<br>is authorized<br>a Statutes. |  |  | orporation<br>board of            | submits this<br>directors. I h   | s statemen<br>nereby acce        | t for the purp<br>opt the appo     | pose of contract            | L                                | its re<br>ered | ngistered offic<br>agent. I am |
| 11. Pursuant<br>or registe<br>familiar w<br>SIGNATURE  | and accep   | ot the obligations of, Sect  | ion 617.0503, Florida  | a Statutes.                                   | the above-n<br>by the corpo  | amed coration's  |                                   | G., 501010. 11   | s statemen<br>nereby acce        | t for the purp<br>apt the appo     | pose of d<br>pintment       | L                                | its re<br>ered | egistered offic<br>agent. I am |
| TOTT HILLIE VA   | and accep   | ons of Sections 617.0502<br>both, in the State of Floric<br>to the obligations of, Sect<br>or printed name of registered agent<br>OFFICERS ANI   | ion 617.0503, Florida<br>and tille if applicable   | a Statutes.                                   | the above-n<br>by the corpo  | amed coration's  |                                   | reinstating)   |                                  | эрсию аррс                         | DATE                        | changing<br>as regist            | erea           | agent. I am                    |
| SIGNATURE  12.   | Signature, typed o  | OF Printed name of registered agent  OFFICERS AND  | ion 617.0503, Florida<br>and tille if applicable   | a Statutes.                                   | the above-n<br>by the corpo  | amed coration's  | required when                     | a reinstatingi<br>ADDITION   |                                  | t for the purpopt the appo         | DATE                        | changing<br>as regist            | CTO            | agent. I am                    |
| SIGNATURE  12.  11LE  IAME   | Signature, typed of   | OF PRINCERS AND  | ion 617,0503, Florida<br>and tille if applicable<br>D DIRECTORS                                | a Statutes.                                   | the above-n-by the corpo   | amed coration's  | required when                     | ADDITION   | IS/CHANG                         | ES TO OFFI                         | DATE                        | changing<br>as regist            | CTO            | agent. I am                    |
| BIGNATURE  12.  17LE  IAME  TREET ADDRESS  | Signature, typed of GREEN, 3623 4TJ   | OF PRICE AND OFFICERS AND OFFIC | ion 617,0503, Florida<br>and tille if applicable<br>D DIRECTORS                                | a Statutes.                                   | the above-noby the corpo   | amed contaction's  | required when                     | AMG  | IS/CHANG                         | es to office                       | DATE<br>CERS A              | changing<br>as regist            | CTO            | agent. I am                    |
| SIGNATURE  | Signature, typed of GREEN, 3623 4TL ST PETE   | OF PRINCERS AND  | and tille if applicable  D DIRECTORS   | (NOTE:  | the above-n by the corporate the corporate that the | amed corration's signature of  | AD<br>Ibol                        | ADDITION ADDITION AVMG 3157 Petersa  | IS/CHANG                         | es to office                       | DATE<br>CERS A              | changing as regist               | CTOF           | agent. I am                    |
| SIGNATURE  12.  TITLE  IAME  STREET ADDRESS  SITY-ST-ZIP   | Signature, typed of GREEN, 3623 4TL ST PETE   | OFFICERS AND WILLIAM AVE S RSBURG FL 33711   | ion 617,0503, Florida<br>and tille if applicable<br>D DIRECTORS                                | (NOTE:  | the above-n by the corporate to the corp | amed corration's signature of  | AD<br>Ibol                        | ADDITION ADDITION AVMG 3157 Petersa  | IS/CHANG                         | es to office                       | DATE<br>CERS A              | changing<br>as regist            | CTOF           | agent. I am                    |
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| SIGNATURE  12.  ITLE  IAME  IREET ADDRESS  ITY-ST-ZIP  ITLE  AME  IREET ADDRESS  | Signature, typed of GREEN; 3623 4TJ ST PETE DV ADAMS, 1600 318  | OFFICERS AND OFFICERS AND OFFICERS AND WILLIAM AVE S RSBURG FL 33711 THELMA  | and tille if applicable  D DIRECTORS   | (NOTE:  | the above-n-by the corpo  13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET A  | amed corration's signature of the signat | AD<br>1601<br>9T A<br>UIN<br>39 H | Applition Applit | STOHANG<br>ST S<br>JEG F<br>CARR | es to office<br>Ima<br>30<br>W 33° | DATE<br>CERS AF             | changing as regist               | CTOF           | agent. Fam  RS IN 12           |
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| SIGNATURE  12.  ITLE  IMME   | Signature, typed of GREEN, 3623 4TI ST PETE DV ADAMS, 1600 31S ST PETE DT CLARKE, 4430 FAI                              | OFFICERS AND OFFIC | and tile if applicable  D DIRECTORS  DE  | a Statutes.  NOTE:                            | the above-noby the corporate the corporate that the | amed coration's signature in ADDRESS - ZIP   | AD<br>1601<br>9T A<br>UIN<br>39 H | Applition Applit | STOHANG<br>ST S<br>JEG F<br>CARR | es to office<br>Ima<br>30<br>W 33° | DATE<br>CERS AF             | changing as regist               | CTOF<br>nge    | 3S IN 12 Addition              |
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR AND Adams 4/99/96 Dayting Proce 1