


FILE NOW: FILING FEE IS \$61.25

FILED
May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000003757 (1) 1. Corporation Name CALVARY OUTREACH CENTER INC.			
Principal Place of Business 2526 CENTRAL AVENUE ST PETERSBURG FL 33712 US		Mailing Address 1600 31ST ST S. ST PETERSBURG FL 33712-2540	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Country 25	
Country 29		Zip 30	
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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable			
12. OFFICERS AND DIRECTORS			
TITLE	VP	<input type="checkbox"/> DELETE	
NAME	CARR, VINCENT		
STREET ADDRESS	3944 8TH STREET SOUTH		
CITY - ST - ZIP	ST. PETERSBURG FL		
TITLE	DP	<input type="checkbox"/> DELETE	
NAME	ADAMS, THELMA		
STREET ADDRESS	1600 31ST ST S.		
CITY - ST - ZIP	ST PETERSBURG FL		
TITLE	DT	<input type="checkbox"/> DELETE	
NAME	CLARKE, RUBERTHA		
STREET ADDRESS	4430 FAIRFIELD AVE S		
CITY - ST - ZIP	ST PETERSBURG FL 33711		
TITLE	DS	<input type="checkbox"/> DELETE	
NAME	MILLER, JOAN		
STREET ADDRESS	700 JASMINE AVE		
CITY - ST - ZIP	ST PETERSBURG FL 33705		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED <i>Thelma Adams</i> 4/17/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050889			

CR2E037 (9/96)