


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000449 (7)**

1. Corporation Name

CALVARY BAPTIST CHURCH OF GAINESVILLE, INC.



Principal Place of Business 2615 SE 15 ST GAINESVILLE FL 32641	Mailing Address 2615 SE 15 ST GAINESVILLE FL 32641-1440
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/30/1995	3a. Date of Last Report 07/10/1996
4. FEI Number 59-3373504		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent UNDERWOOD, RICHARD 2320 SE 15 ST GAINESVILLE FL 32641		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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, DOYLE	12 NAME	
STREET ADDRESS	2815 SE 15 ST	13 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32641	14 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	21 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, PAMELA	22 NAME	WANDA WILLIS
STREET ADDRESS	1720 NW 12 ST	23 STREET ADDRESS	1136 SE 2 AVE
CITY-ST-ZIP	GAINESVILLE FL 32609	24 CITY-ST-ZIP	GAINESVILLE FL 32641
TITLE	D <input checked="" type="checkbox"/> DELETE	31 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, G.E. SR.	32 NAME	TRUMAN PEARSON
STREET ADDRESS	1720 NW 12 ST	33 STREET ADDRESS	PO BOX 387 22 SE 2 AVE
CITY-ST-ZIP	GAINESVILLE FL 32609	34 CITY-ST-ZIP	WALDO FL 32694
TITLE	T <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, INA M	42 NAME	
STREET ADDRESS	2815 SE 15 ST	43 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32641	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNDERWOOD, RICHARD	52 NAME	
STREET ADDRESS	2815 SE 15 ST	53 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32641	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, TINY	62 NAME	WILLIS, OSBORNE
STREET ADDRESS	1136 SE 2 AVE	63 STREET ADDRESS	1136 SE 2 AVE
CITY-ST-ZIP	GAINESVILLE FL 32694	64 CITY-ST-ZIP	GAINESVILLE FL 32641

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.

CR2E037 (9/96)