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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000005852**

1. Corporation Name
CALVARY CHRISTIAN COMMUNITY CHURCH, INC.

* 4 4 1 1 3 7 - 9 0 0 5 5 - 5 0

Principal Place of Business	Mailing Address
403 S.W. 75TH WAY NORTH LAUDERDALE FL 33068	403 S.W. 75TH WAY NORTH LAUDERDALE FL 33068

2. Principal Place of Business
21: 1109 Australian Ave
22: Suite, Apt. #, etc.
23: West Palm Bch, FL — City & State
24: 33401 — Zip
25: Country

2a. Mailing Address
26: 1109 Australian Ave
27: Suite, Apt. #, etc.
28: West Palm Beach, FL — City & State
29: 33401 — Zip
30: Country

3. Date Incorporated or Qualifed: 12/12/1995

4. FEI Number: 65-0628219 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RICKS, CHARLES P		1.2 NAME		
STREET ADDRESS	403 S.W. 75TH WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068		1.4 CITY-ST-ZIP		
TITLE	VPT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	POOLE, JULENE K		2.2 NAME		
STREET ADDRESS	3009 S. TERRACE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33407		2.4 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHORTRIDGE, DEBORAH		3.2 NAME		
STREET ADDRESS	4278 B WOODSTOCK DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33409		3.4 CITY-ST-ZIP		
TITLE	TT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HINTON, WILLIAM T		4.2 NAME		
STREET ADDRESS	112 PARK ROAD, NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 4/25/99 — (561) 833-9972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #