

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 14 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000004071 (3)**  
 1. Corporation Name  
**MT. CALVARY CARE-SHARE, INC.**



Principal Place of Business <b>869 DERBYSHIRE RD DAYTONA BEACH FL 32117</b>	Mailing Address <b>869 DERBYSHIRE RD DAYTONA BEACH FL 32117</b>
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3. Date Incorporated or Qualified <b>07/17/1997</b>		
4. FEI Number <b>31-1561242</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**POOLE, CARRELL S  
869 DERBYSHIRE RD  
DAYTONA BEACH FL 32117**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>POOLE, CARRELL S</b>
STREET ADDRESS	<b>588 FREEMONT AVE</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SHAW, VICTOR</b>
STREET ADDRESS	<b>1224 S PALMETTO AVE UNIT 1-A</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WALKER, WALTER</b>
STREET ADDRESS	<b>728 CAROLINE ST</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SIMMONS, GREG</b>
STREET ADDRESS	<b>925 SMOKERISE BLVD</b>
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MICHAEL, KAREN</b>
STREET ADDRESS	<b>710 ORANGE AVE</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STEVENS, TERRICE</b>
STREET ADDRESS	<b>712 VERDELL ST</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>

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 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: *Carrell S. Poole* 3/27/98 (904)248-0202

CR2E037 (10/97)