

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1998 8:00 am
Secretary of State

DOCUMENT # N97000004753 (6)

1. Corporation Name

CAVALRY FULL GOSPEL CHURCH, INC.



Principal Place of Business

**21730 VIRGINIA DR.
ASTOR FL 32102**

Mailing Address

**21730 VIRGINIA DR.
ASTOR FL 32102**

3. Date Incorporated or Qualified

08/20/1997

4. FEI Number

31-1577873

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**SPITZER, DANNY R
21730 VIRGINIA DR.
ASTOR FL 32102**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **SPITZER, DANNY R**
STREET ADDRESS **21730 VIRGINIA DR.**
CITY-ST-ZIP **ASTOR FL 32102**

TITLE **D** ☐ DELETE

NAME **MARTIN, JOHN W**
STREET ADDRESS **COUNTY RD. 140, P.O. BOX 1378**
CITY-ST-ZIP **BUNNELL FL 32110**

TITLE **D** ☐ DELETE

NAME **MARTIN, CAROL**
STREET ADDRESS **COUNTY RD. 140, P.O. BOX 1378**
CITY-ST-ZIP **BUNNELL FL 32110**

TITLE **D** ☐ DELETE

NAME **SCHULTZ, RON**
STREET ADDRESS **840 CENTER AVE., APT. 95**
CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE **D** ☐ DELETE

NAME **SCHULTZ, PATRICIA**
STREET ADDRESS **840 CENTER AVE., APT. 95**
CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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: **DANNY R. SPITZER** *DANNY R. SPITZER*

Date

Daytime Phone # **(352) 759-3073**

CR2E037 (10/97)