


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000006558 (7) 1. Corporation Name CALVARY DELIVERANCE CENTER, INC.			
Principal Place of Business 4221 LENOX BOULEVARD ORLANDO FL 32811		Mailing Address 4221 LENOX BOULEVARD ORLANDO FL 32811	
2. Principal Place of Business 21 Calvary Deliverance Center, Inc. 22 4221 Lenox Blvd 23 Orlando FL 32811 24 32811 25 America		2a. Mailing Address 26 4221 Lenox Blvd 27 4221 Lenox Blvd 28 Orlando FL 32811 29 32811 30 America	
3. Date Incorporated or Qualified 11/18/1997		4. FEI Number 59-3473423	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 BAIN, REMONA 4221 LENOX BOULEVARD ORLANDO FL 32811		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 Remona Bain (Pastor) 7-18-98 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relating)</small> DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP <input type="checkbox"/> DELETE NAME BAIN, REMONA STREET ADDRESS 2025 REVENALL AVENUE CITY-ST-ZIP ORLANDO FL 32811		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE DVT <input type="checkbox"/> DELETE NAME HARRIS, CLARA STREET ADDRESS 538 TAMPA AVENUE CITY-ST-ZIP ORLANDO FL 32805		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME TUCKER, TIMOTHY STREET ADDRESS 4221 B LENOX BOULEVARD CITY-ST-ZIP ORLANDO FL 32811		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE DS <input type="checkbox"/> DELETE NAME MONTGOMERY, RUBY STREET ADDRESS 3335 HARRIS STREET CITY-ST-ZIP PLYMOUTH FL 32712		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE S <input type="checkbox"/> DELETE NAME TOOKES, CARNETTE STREET ADDRESS 4612 CARTER STREET CITY-ST-ZIP ORLANDO FL 32811		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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: Remona Bain 7-18-98 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

00-12-17

CR2E037 (5/98)