

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701561

Entity Name: CALVARY ASSEMBLY OF GOD OF HOLLYWOOD, INC.**Current Principal Place of Business:**300 NORTH 62 AVE
HOLLYWOOD, FL 33024**Current Mailing Address:**300 NORTH 62 AVE
HOLLYWOOD, FL 33024 US**FEI Number:** 59-2123454**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JENNINGS, CLARENCE R
300 NORTH 62 AVE
HOLLYWOOD, FL 33024 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title CHAIRMAN, PASTOR
Name JENNINGS, CLARENCE R
Address 9669 KALMAR CIRCLE WEST
City-State-Zip: PARKLAND FL 33076

Title DEACON
Name HENRY, THOMAS
Address 757 S 62 AVENUE
City-State-Zip: HOLLYWOOD FL 33023

Title DEACON
Name CARTER, DEBORAH DR.
Address 9430 NW 2ND PLACE
City-State-Zip: MIAMI SHORES FL 33150

Title DEACON
Name CHEN-SEE, REMA
Address 2830 E RIVER RUN CRICLE
City-State-Zip: MIRAMAR FL 33025

Title DEACON
Name BELFOR, FABIAN CPA
Address 301 PALM WAY
203
City-State-Zip: PEMBROKE PINES FL 33025

Title DEACON
Name MARK, MICHAEL
Address 1311 N 64 AVENUE
City-State-Zip: HOLLYWOOD FL 33024

Title DEACON
Name BURTON, DALTON
Address 1150 LAKEPOINTE LANE
City-State-Zip: PLANTATION FL 33322

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FABIAN BELFOR**TREASURER****04/09/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date