#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 701561** 

Entity Name: CALVARY ASSEMBLY OF GOD OF HOLLYWOOD, INC.

FILED
Apr 03, 2024
Secretary of State
6456890183CC

## **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	Title	DEACON

NameJENNINGS, CLARENCE RNameBELFOR, FABIAN CPAAddress9669 KALMAR CIRCLE WESTAddress10040 SW 12TH STREET

City-State-Zip: PARKLAND FL 33076 City-State-Zip: PEMBROKE PINES FL 33025

Title DEACON Title DEACON

NameHENRY, THOMASNameMARK, MICHAELAddress757 S 62 AVENUEAddress1311 N 64 AVENUECity-State-Zip:HOLLYWOOD FL 33023City-State-Zip:HOLLYWOOD FL 33024

Title DEACON Title DEACON

Name BURTON, DALTON Name CHEN-SEE, REMA

Address 4541 NW 84TH AVE Address 2830 E RIVER RUN CRICLE

City-State-Zip: LAUDERHILL FL 33351 City-State-Zip: MIRAMAR FL 33025

Title DEACON Title DEACON

Name PITTS, DEREK Name WILLIAMS, KARL

Address 460 NW 153RD STREET Address 3945 HYDE PARK CIR

City-State-Zip: MIAMI FL 33169 City-State-Zip: HOLLYWOOD FL 33021

# Continues on page 2

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 04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DEACON

Name SEPHESTINE, ROBERT
Address 12260 GLENMORE DR

City-State-Zip: CORAL SPRINGS FL 33071