

**2015 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 14007 LAKE LURE COURT  
City-State-Zip: MIAMI LAKES FL 33014

Title OFFICER  
Name SOMERS, CHARLES  
Address 8433 SW 137 AVENUE  
City-State-Zip: MIAMI FL 33183

Title TREASURER, VC  
Name BELFOR, FABIAN  
Address 450 PALM CIRCLE WEST APT 205  
City-State-Zip: PEMBROKE PINES FL 33025

Title SECRETARY  
Name PITTS, DEREK  
Address 460 NW 153RD ST  
City-State-Zip: MIAMI FL 33169

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

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

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

*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: CLARENCE JENNINGS**

**PASTOR, CHAIRMAN**

**02/26/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date