2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000008958

Entity Name: CALVARY'S CROSS MINISTRIES INTERNATIONAL & INSTITUTE

INC.

FILED Mar 23, 2024 **Secretary of State** 5084853242CC

Current Principal Place of Business:

RIVIERA BEACH, FL 33404

Current Mailing Address:

147 W NORTH ST.

CARLISLE, PA 17013 US

FEI Number: 47-1258453 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REID, INGRID E 3411 AVE E

RIVIERA BEACH, FL 33404 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:

Address

Name

Electronic Signature of Registered Agent

ROSEGREEN, BOYSIE BISHOP, DR.

Date

Officer/Director Detail:

Title PRESIDENT, CEO, DIRECTOR, Title DIRECTOR, OFFICER

TREASURER Name HALL, MEVERLEY DR.

Name REID, INGRID E DR. Address 1600 SCHROEDERS AVE. 147 W NORTH ST.

APT.3C

BROOKLYN NY 11239 City-State-Zip: City-State-Zip: CARLISLE PA 17013

Title Title OVERSEER, VP, DIRECTOR, ASST. ASST. OVERSEER, ASST. DIRECTOR

TREASURER, SECRETARY OF BOARD

OF TRUSTEE

Address 1639 NW 38TH AVE. Name AINSLEY, EVEROL G BISHOP, DR.

716 EAST 220TH STREET LAUDERHILL FL 33311 Address City-State-Zip:

> City-State-Zip: BRONX NY 10467

Title **OFFICER**

Name BROWN, FITZ-ARTHUR MIN. Title **OFFICER**

942 THOMAS AVE. Name PALMER, JANETTE EVAN. Address Address 4647 COURTNEY DRIVE City-State-Zip: **BALDWIN NY 11510**

> City-State-Zip: LAKE IN THE HILLS IL 60156

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: DR. INGRID REID

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03/23/2024