

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000008958

Entity Name: CALVARY'S CROSS MINISTRIES INTERNATIONAL & INSTITUTE INC.**FILED**
Feb 19, 2018
Secretary of State
CC9866023445**Current Principal Place of Business:**3411 AVE E
RIVIERA BEACH, FL 33404**Current Mailing Address:**106 PEARL DR.
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR, TREASURER
Name REID, INGRID E DR.
Address 106 PEARL DR.
City-State-Zip: CARLISLE PA 17013

Title DIRECTOR
Name HALL, MEVERLEY DR.
Address 1600 SCHROEDERS AVE., APT.3C
City-State-Zip: BROOKLYN NY 11239

Title VP, ASST. TREASURER, CO-
SECRETARY OF BOARD OF TRUSTEE
Name BIRCHETT, JOANNA DR.
Address 106 PEARL DR.
City-State-Zip: CARLISLE PA 17013

Title DIRECTOR
Name ROSEGREN, BOYSIE DR.
Address 4765 NW 41ST PLACE
City-State-Zip: LAUDERDALE LAKES FL 33319

Title DIRECTOR, SECRETARY OF BOARD
OF TRUSTEE
Name AINSLEY, EVEROL DR.
Address 8W 118 ST. APT. 3C
City-State-Zip: NEW YORK NY 10026

Title DIRECTOR
Name BROWN, FITZ-ARTHUR MIN.
Address 942 THOMAS AVE.
City-State-Zip: BALDWIN NY 11510

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: INGRID REID**PDT****02/19/2018**

Electronic Signature of Signing Officer/Director Detail

Date