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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702431 (8)

1. Corporation Name

THE CALVARY BAPTIST CHURCH OF GRANT INC



Principal Place of Business

Mailing Address

5840 OLD DIXIE HWY
GRANT FL 32949
US

P.O. BOX 251
GRANT FL 32949-0251

3. Date Incorporated or Qualified
05/10/1961

3a. Date of Last Report
02/08/1996

2. Principal Place of Business

2a. Mailing Address

21 5840 Old Dixie Hwy

26 P.O. Box 251

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Grant FL

28 City & State

Grant FL

24 Zip

32949

25 Country

Brevard

29 Zip

32949

30 Country

Brevard

4. FEI Number
00-2650715

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

8. Name and Address of Current Registered Agent

PINKSTON, JOEL P
5755 BRABROOK RD
GRANT FL 32949

81 Name

James Wm. Combs

82 Street Address (P.O. Box Number is Not Acceptable)

6345 U.S. #1 South

83

84 City

Grant

FL

85 Zip Code

32949

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: James Wm. Combs James Wm. Combs DATE: 3 Mar 97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PINKSTON, JOEL P	
STREET ADDRESS	5755 BRABROOK RD	
CITY-ST-ZIP	GRANT FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	COMBS, BETTY L.	
STREET ADDRESS	6345 U.S. #1 SOUTH	
CITY-ST-ZIP	GRANT FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LORD, LANA	
STREET ADDRESS	5855 MAIN ST	
CITY-ST-ZIP	GRANT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Chairman of Board	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James Wm. Combs	
1.3 STREET ADDRESS	6345 U.S. #1 South	
1.4 CITY-ST-ZIP	GRANT FL 32949	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Betty L. Combs (check) Date: March 3, 1997

CR2E037 (9/96)