


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90032 003 \*\*\*\*61.25

0081184

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 702431**

1. Corporation Name  
**THE CALVARY BAPTIST CHURCH OF GRANT INC**

Principal Place of Business 5840 OLD DIXIE HWY GRANT FL 32949 US	Mailing Address PO BOX 251 GRANT FL 32949 US
---	---

\* 2 3 8 8 1 9 \*  
 230819 - 90032 - 3



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>05/10/1961</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>00-2650715</b>
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>COMBS, JAMES WM</b> <b>6345 US #1 SOUTH</b> <b>GRANT FL 32949</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

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* **JWC** DATE: **March 12, 1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COMBS, JAMES WM</b>	1.2 NAME	
STREET ADDRESS	<b>6345 US #1 SOUTH</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GRANT FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRINSON, BRENDA G</b>	2.2 NAME	
STREET ADDRESS	<b>4225 GRANT RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GRANT FL 32949</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DT</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LORD, LANA</b>	3.2 NAME	<b>DT</b>
STREET ADDRESS	<b>5855 MAIN ST</b>	3.3 STREET ADDRESS	<b>Bonita Lettignev-</b>
CITY-ST-ZIP	<b>GRANT FL</b>	3.4 CITY-ST-ZIP	<b>7170 Orchid Tree Dr.</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *James Wm Combs* **SIGNATURE REQUIRED** DATE: **3/12/99** DAYTIME PHONE #: **(407) 723-5312**

CR2E037 (1/98)