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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # 7

732585

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CALVARY BAPTIST CHURCH OF PERRY, INC.

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Principal Place of Business Mailing Address						
105 SANDRA ST BOX 1192 PERRY FL 32347		105 SANDRA ST BOX 1192		3. Date Incorporated or Qualified		
				04/28/1975		
		PERRY FL 32347			4. FEI Number	Applied For
j					59-2285058	X Not Applicable
2. Principal P	lace of Business	2a. Mailing Address				A0.75
21		26		5. Certificate of Status Desired 50.75 Additional Fee Required		
Suite, Apt	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be
22		27			Trust Fund Contribution	Added to Fees
City & Stat	6	City & State			7. Is this nonprofit corporation a homeo	_
Zip	Country	Zip	Cour	ntry	6. This corporation owes or has paid th	e current year Intangible
24	25	29	30		Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registe	ered Agent
				81 Name		
LEGGE, STEVE			-	B2 Street A	ddress (P.O. Box Number is Not Acceptable)	
204 BISHOP BLVD PERRY FL 32347			82 Street A			
			ľ	83		
			}	84 City		85 Zip Code
			<u>.</u>		l l	FL C E C C C C C C C C
Office of 1	er familiar with and coost the oblig	a di i folida. Sucili challes was	00011011200		iduolis bodio di diisclois, i liciaby accept lik	abbounting in the left is to a
SIGNATURE	Signature, typed or prinjed name of registered ag				orporation submits this statement for the purporation's board of directors. I hereby accept the	ATE
	Signature, typed or printed name of registered ag					ATE
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable (NK	OTE: Registered	Agent signature re	quired when reinstating) DA	ATE
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS AN	pent and title if applicable (NX)	OTE: Registered	Agent signature re	quired when reinstating) DA	ATE AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS AN D CREWS, ROY M.	pent and title if applicable (NX)	TE: Registered 13. 1.1 TITI 1.2 NA	Agent signature re	quired when reinstating) DA	ATE AND DIRECTORS IN 12
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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 cath; 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 13 if changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

anna mas marphy

4/12/98

850-838-3506

FILED

Apr 16 1998 8:00am

Secretary of State

R HOOKKA KOOOD KIKAD HAGOL BALGA YOLOK OHKA OLOKA GAGAL AROKL OKRIK DIGAK ALGAL KROK

2E037 (10/97)