FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:13

DOCUMENT # 728678 (4)

1. Corporation Name
CALVARY TEMPLE ASSEMBLY, INC.

Principal Place of Business	Mailing Address
~~CHAIRES AVE.~~ P.O. BOX 568 CROSS CITY FL 32628	~~CHAIRES AVE.~~ P.O. BOX 568 CROSS CITY FL 32628

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1974
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2365350 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Calvary Temple H/G	26
22 Suite, Apt. #, etc. HWY 351-A	27 Suite, Apt. #, etc. P.O. 568
23 City & State CROSS CITY FL	28 City & State
24 Zip 32628 25 Country U.S.A.	29 Zip 30 Country

9. Name and Address of Current Registered Agent

LITTLE, RICHARD
CHAIRES ST. PO. 1648
CROSS CITY FL 32628

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE J. Richard Little 1/13/95
Signature, if paid or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	VALENTINE, DEWEY LAMAR	1.2 NAME	
STREET ADDRESS	CEDAR ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OLD TOWN FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	BROOM, KAREN	2.2 NAME	
STREET ADDRESS	HWY 353, RTE 2 BOX 1081	2.3 STREET ADDRESS	
CITY-ST-ZIP	OLD TOWN FL	2.4 CITY-ST-ZIP	
TITLE	RED	3.1 TITLE	☐ Change ☐ Addition
NAME	LITTLE, RICHARD	3.2 NAME	
STREET ADDRESS	P.O. BOX 1648 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	CROSS CITY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: J. Richard Little J. Richard Little 904 492 5253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010060