

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 14 1996 8:00 am
Secretary of State

DOCUMENT # **728678** (4)

1. Corporation Name

CALVARY TEMPLE ASSEMBLY, INC.

Principal Place of Business

**CALVARY TEMPLE H/G
HWY 351-A
CROSS CITY FL 32628
US**

Mailing Address

**CHAIRES AVE.
P.O. BOX 568
CROSS CITY FL 32628
US**

3. Date Incorporated or Qualified
01/30/1974

3a. Date of Last Report
03/09/1995

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**

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**LITTLE, RICHARD
CHAIRES ST.
CROSS CITY FL 32628**

10. Name and Address of New Registered Agent

81 Name

Hurst, James

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

Chairs St.

83

84 City

Cross City

FL

85 Zip Code

32628

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 W. Hurst

6-9-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☐ DELETE
NAME **VALENTINE, DEWEY LAMAR**
STREET ADDRESS **CEDAR ST.**
CITY - ST - ZIP **OLD TOWN FL**

TITLE **STD** ☐ DELETE
NAME **BROOM, KAREN**
STREET ADDRESS **HWY 353, RTE 2 BOX 1081**
CITY - ST - ZIP **OLD TOWN FL**

TITLE **RED** ☒ DELETE
NAME **LITTLE, RICHARD**
STREET ADDRESS **P.O. BOX 1648 N/A**
CITY - ST - ZIP **CROSS CITY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Hurst, James**
3.3 STREET ADDRESS **Chairs St**
3.4 CITY - ST - ZIP **Cross City, FL 32628**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Karen Broom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-96 352-542-3000
Date Daytime Phone #

CR2E037 (3/96)