FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

728678

(4)

CALVARY TEMPLE ASSEMBLY, INC.

Principal Place of Business Mailing Address						T VORTIS TRAVA LÍGADI FRATA RATIN TABAR LANT ALBUM ATARTI ALAUS ANATI ATARTI ATART ATART ATART ATART ATART ATAR				
CALVARY TEMPL	LE H/G		CHAIRES AVE.	CHAIRES AVE.						
HWY 351-A				P.O. BOX 568 CROSS CITY FL 32628-0668 US						
CROSS CITY FL 32628 US							3. Date incorporated or Qualified			
							01/30/1974	<u> </u>		
2. Principal Place of Business			⊢ ⊸ "	2a. Mailing Address			4. FEI Number Applied For Sep 2365350 Not Applied be			
21 Suite Ast	11			26 Suite Act # ata			39-600000	60 7E	Not Applicable	
Suite, Apt #, etc.			Suite, Apt. 1	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required	
City & State				City & State			6. Election Campaign Financing \$5.00 May Be			
23			28				Trust Fund Contribution Added to Fees			
Ζφ	Zip Country			Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			
24				29 30						
	9. Name	and Address of Cu	rrent Registered Agent				10. Name and Address of New Re	gistered Agent		
	_				61	Name				
HURST, JAMES					82	82 Street Address (P.O. Box Number is Not Acceptable)				
CHAIRES CROSS C	S ST. City fl 32	HR2R			83					
UNIOUG C	JIIIIC	.020			84	City		as 7ir	o Code	
					ات	City		FL 85 Zip	Cuub	
11. Pursuant t	to the provis	ions of Sections 617.	0502 and 617 1508, Flo	rida Statute	s, the above	e-named	corporation submits this statement for the p	ourpose of changing	its registered	
office or re agent. I ar	egistered ay m lamiliar wi	jent, or both, in the 5 ith, and accept the o	itate of Florida. Such cha bligations of, Section 61	ange was au 7.0503, Flor	ida Statute:	/ the corp s.	oration's board of directors. I hereby accep	of the appointment a	is registered	
SIGNATURE			-					_		
-	Signature typed		d agent and title II applicable.	(NOTE:		eni signalure i	required when reinstating)	DATE	200 0140	
12.		OFFICERS	AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO		
TITLE	TD		_	UELETE	1.1 TITLE	-		L_J Change	- Augilion	
NAME VALENTINE, DEWEY LAMAR					1.2 NAME					
STREET ADDRESS	CEDAR				1.3 STREET					
CITY-ST-ZIP	OLD TO	WN FL		DELETE	1.4 CiTY-S 2.1 TiTLE	T-ZIP		Change	Addition	
TITLE	STD	!/ABEM	ا فسنا	DECEIL	2.1 MILE 2.2 NAME			L., Ollango	- Humilian	
NAME STREET ADDRESS					2.2 NAME 2.3 STREET ADDRESS		and the second second			
CITY-ST-ZIP	OLD TO		•		2.4 CITY-					
TITLE	RED	WIN FL		DELETE	3.1 TITLE	31-2IF		Change	Addition	
NAME	HURST,	IAMEC	_	<i>V</i>	3.2 NAME					
STREET ADDRESS	CHAIRS					I ADORESS				
CITY-ST-ZIP	CROSS				3.4. CITY-5					
TITLE	UNUSU .	UII IL		DELETE	4.1 TITLE	21-7ir		Change	Addition	
NAME	ì				4.2 NAME	1		_		
STREET ADDRESS					4.3 STREET					
CITY-SI-ZiP					4.4 CITY - S					
TITLE	<u> </u>			DELETE	5 1 TITLE	" -		Change	e Addition	
NAME					52 NAME	1				
STREET ADDRESS					5.3 STREET	ADDRESS				
CITY-ST-ZIP					5.4 CITY - S	ST-ZIP			<u></u>	
TITLE	<u> </u>			DELETE	6.1 TITLE			☐ Change	e 🔲 Addition	
NAME					6.2 NAME					
STREET ADDRESS					6.3 STREET	r address				
CITY-ST-ZIP					6.4 CITY - S					
14. I do hereb	by certify tha	at the information sup	plied with this filing doe	s not qualify	for the exe	emption st	tated in Section 119.07(3)(i), Florida Statute that my signature shall have the same legi	s. I further certify the	at the	
I am an of	flicer or dire	ector of the corporation	on or the receiver or trust	tee empowe	ered to exec		eport as required by Chapter 617, Florida			
appears ii	in Block 12 c	or Block 13 if change	d, or on an attachment y	with an addr	ress.			25	· フ _	

SIGNATURE:

: Racen Story

n Broom

2-23-97

FILED

Mar 04 1997 8:00am

Secretary of State

7 498-5853