2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 23, 2004 8:00 am Secretary of State **DOCUMENT # 707425** 1. Entity Name 02-23-2004 90048 007 ****61.25 CALVARY CHURCH OF THE OPEN BIBLE OF TAMPA, FLORDIA, INC. Principal Place of Business Mailing Address 6018 N. CHURCH AVE. 6018 N. CHURCH AVE. **TAMPA FL 33614 TAMPA FL 33614** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 59-1308766 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAGLOTT, JOHN W Street Address (P.O. Box Number is Not Acceptable) 6414 TOWN N' COUNTRY BLVD **TAMPA FL 33615** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE TITLE Change ☐ Addition MAGLOTT (REV. JOHN W.) NAME NAME 6414 TOWN N' CONUTRY BLVD STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition HULEC, JEANNIE Jeff Hulec NAME NAME 3404 W. PEARL AVE. 3404 W.Pearl Ave. STREET ADDRESS STREET ADDRESS TAMPA FL 33611 CITY-ST-ZIP CITY-ST-ZIP Tampa, Fl. 33611 TITLE Change ☐ Addition ☐ Delete JEFFERSON, JEAN NAME NAME 6207 S. CHURCH ST. STREET ADDRESS STREET ADDRESS **TAMPA FL 33616** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ERWIN, SUE NAME NAME 4314 ZELAR ST STREET ADDRESS STREET ADDRESS **TAMPA FL 33629** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FAZIO, JOSIE NAME NAME 14920 ROCKY LEDGE DR STREET ADDRESS STREET ADDRESS **TAMPA FL 33625** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

KOU JOHN WI MAGLOTT 2-8-09
ME OF SIGNING OFFICER OF DIFFECTOR

Date SIGNATURE:

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachingmy with an address, with all other like empowered.

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