

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716616

FILED  
Aug 10, 2009  
Secretary of State

**Entity Name:** CALVARY TEMPLE, INC. OF LAKE WALES, FLORIDA

**Current Principal Place of Business:**

335 W. CENTRAL  
LAKE WALES, FL 33859

**New Principal Place of Business:**

**Current Mailing Address:**

335 W. CENTRAL  
P.O. BOX 801  
LAKE WALES, FL 33859

**New Mailing Address:**

**FEI Number:** 23-7048182 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WINE, E.J. PASTOR  
3756 HURLBUT CIRCLE  
LAKE WALES, FL 33898 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WINE, JOHN M.  
Address: 1019 N TOWER LANE  
City-St-Zip: LAKE WALES, FL 33853

Title: D ( ) Delete  
Name: MARVEL, JOHNNY  
Address: 2553 MCCOWN ROAD  
City-St-Zip: LAKE WALES, FL 33853

Title: D ( ) Delete  
Name: BRYANT, BETH M.  
Address: 2525 OLD BARTOW RD.  
City-St-Zip: LAKE WALES, FL

Title: D ( ) Delete  
Name: WINE, JOYCE A.  
Address: 3756 HURLBUT CIRCLE  
City-St-Zip: LAKE WALES, FL 33898

Title: D ( ) Delete  
Name: RODDA, THOMAS W  
Address: 3920 PINE HILL CT.  
City-St-Zip: LAKE WALES, FL 33853

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WINE, JOHN M.  
Address: 1018 N TOWER LANE  
City-St-Zip: LAKE WALES, FL 33853

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS W. RODDA

D

08/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date