

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90026 010 ****70.00

DOCUMENT # 728678

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

739 SW 10 ST

Suite, Apt. #, etc.

P.O. Box 568

City & State

CROSS CITY FL

City & State

CROSS CITY FL

Zip

32628

Country

US

Zip

32628

Country

US

4. FEI Number

59-2365350

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

HURST, JAMES
CHAIRES ST.
CROSS CITY FL 32628

7. Name and Address of New Registered Agent

Name

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

224 NE 144 ST

City

CROSS CITY

FL

Zip Code

32628

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME TD
STREET ADDRESS VALENTINE, DEWEY LAMAR
CITY-ST-ZIP CEDAR ST.
OLD TOWN FL

TITLE ☐ Delete
NAME ST
STREET ADDRESS BROWN, ANNE P
CITY-ST-ZIP 810 NE 835 ST
OLD TOWN FL 32680

TITLE ☐ Delete
NAME RED
STREET ADDRESS HURST, JAMES
CITY-ST-ZIP CHAIRES ST
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME TD
STREET ADDRESS CHRISTINE SNELL GROVE
CITY-ST-ZIP 184 SE 39 AVE
CROSS CITY, FL 32628

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 224 NE 144 ST
CITY-ST-ZIP Zip - 32628

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 attachment with an address, with all other like empowered.

SIGNATURE: ANNE P. BROWN ANNE P. BROWN 3/16/06 352-498-3000