

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **731672** (2)  
1. Corporation Name  
**CALVARY TEMPLE OF TEMPLE TERRACE, INCORPORATED**



Principal Place of Business: **8610 TEMPLE TERR. HWY  
P.O. BOX 16889  
TEMPLE TERRACE FL 33637  
US**

Mailing Address: **8610 TEMPLE TERR. HWY  
P.O. BOX 16889  
TEMPLE TERRACE FL 33637  
US**

3. Date Incorporated or Qualified: **08/12/1974**  
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-6159374** 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

9. Name and Address of Current Registered Agent  
**BROOKS, KAYE  
8610 TEMPLE TERRACE HIGHWAY  
TAMPA FL 33637**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD BROOKS, DALE A.</b>	1.2 NAME	
STREET ADDRESS	<b>5119 CRESTOVER DRIVE</b>	1.3 STREET ADDRESS	<b>17613 ESPRIT DRIVE</b>
CITY-ST-ZIP	<b>TAMPA FL 33617</b>	1.4 CITY-ST-ZIP	<b>TAMPA, FL 33647</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VPD BROOKS, C.L.</b>	2.2 NAME	
STREET ADDRESS	<b>1102 WEST RIVER DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33617</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SDT BROOKS, KAYE</b>	3.2 NAME	
STREET ADDRESS	<b>8610 TEMPLE TERRACE HWY.</b>	3.3 STREET ADDRESS	<b>17613 ESPRIT DRIVE</b>
CITY-ST-ZIP	<b>TAMPA FL 33637</b>	3.4 CITY-ST-ZIP	<b>TAMPA, FL 33647</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MORRIS, WILLIAM F.</b>	4.2 NAME	
STREET ADDRESS	<b>2215 SHADEHILL COURT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D WERLY, ALBERT C.</b>	5.2 NAME	
STREET ADDRESS	<b>6641 CENTRAL AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* DATE: **4/12/96** DAYTIME PHONE: **(813) 988-3557**

CR2E037 (12/95)