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Mar 01, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731672

1. Corporation Name
CALVARY TEMPLE OF TEMPLE TERRACE, INCORPORATED

Principal Place of Business 8610 TEMPLE TERR. HWY P.O. BOX 16889 TEMPLE TERRACE FL 33687 US	Mailing Address 8610 TEMPLE TERR. HWY P.O. BOX 16889 TEMPLE TERRACE FL 33637 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/12/1974
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-6159374
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
	85 Zip Code FL

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, DALE A.	1.2 NAME	Brooks, Dale A.
STREET ADDRESS	17613 E SPIRIT DRIVE	1.3 STREET ADDRESS	17613 Espirit Drive
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa FL 33647
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, C.L.	2.2 NAME	Brooks, C.L.
STREET ADDRESS	1102 WEST RIVER DRIVE	2.3 STREET ADDRESS	1102 West River Drive
CITY-ST-ZIP	TAMPA FL 33617	2.4 CITY-ST-ZIP	Tampa FL 33617
TITLE	SDT <input type="checkbox"/> DELETE	3.1 TITLE	SDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, KAYE	3.2 NAME	Brooks, Kaye
STREET ADDRESS	17613 E SPIRIT DRIVE	3.3 STREET ADDRESS	17613 Espirit Drive
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa FL 33647
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, WILLIAM F.	4.2 NAME	Morris, William F.
STREET ADDRESS	2215 SHADEHILL COURT	4.3 STREET ADDRESS	2215 Shadehill Court
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa FL 33617
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERLY, ALBERT C.	5.2 NAME	Werly, Albert C.
STREET ADDRESS	6641 CENTRAL AVENUE	5.3 STREET ADDRESS	8229 132nd Street North
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	Seminole FL 34646
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 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 1-13-99 813-988-3557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)