2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731672

1. Entity Name

CALVARY	TEMPLE	OF	TEMPLE	TERRACE,	INCORPO	RATE
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Apr 21, 2003 8:00 am § Secretary of State

04-21-2003 91089 001 ***122.50

NAME STREET ADDRESS 1102 WEST RIVER DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33617 Clarge Addition	Principal Place			M WE IS						
Suite. Apt. #, etc. City & State	8610 TEMPLE TERR. HWY P.O. BOX 16889 TEMPLE TERRACE FL 33687		8610 TEMPLE TERR. HWY P.O. BOX 16889 TEMPLE TERRACE FL 33637		. I BANK I BAAR II I I	. 11814 B1171 18818 1182 81834 81815 B13]] #] 0]3 3]2	11 12 11 11 12 1		
City & State Country S. Certificate of Status Desired S. RA75 Additional Fee Required Fee Re	2. Principal P	lace of Business	3. Mailing Address							
Stock Section Sectio	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
Signature PD Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Required \$8.70 Addition	City & State	е	City & State		4. FEI Number 59	4. FEI Number 59-6159374				
BROOKS, KAYE 8610 TEMPLE TERRACE HIGHWAY TAMPA FL 33637 City FL 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 sur familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. TITLE PD Added to Fees BROOKS, DALE A. SIRRET ADDRESS OT 11. TITLE VPD D Delete THONOTOSASSA FL 33592 TITLE VRD BROOKS, C.L. SIRRET ADDRESS OT 10. STREET	Zip	Country	Zìp	Country	5. Certificate of Stat		75 Add	litional		
BROOKS, KAYE 8610 TEMPLE TERRACE HIGHWAY TAMPA FL 33637 City FL Zip Code 8. The above named critity 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, hoped or primat name of registered agent who tite if applicable. (NOTE: Registered Agent signature register when refeatang) PLE NOW: FEE IS \$61.25		6. Name and Address of Current R	egistered Agent		7. Name and Addre	ess of New Registered Age	nt			
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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 stor if applicable. (NOTE Registered Agent signature required when reinstating) DATE		·								
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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 attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP