

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91089 001 ***122.50

UNIFORM

DOCUMENT # 731672

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6159374**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BROOKS, KAYE
8610 TEMPLE TERRACE HIGHWAY
TAMPA FL 33637**

7. Name and Address of New Registered Agent

Name

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

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 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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BROOKS, DALE A.	
STREET ADDRESS	12013 HAZEN AVE P.O. BOX 1106	
CITY-ST-ZIP	THONOTOSASSA FL 33592	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BROOKS, C.L.	
STREET ADDRESS	1102 WEST RIVER DRIVE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	SOT	<input type="checkbox"/> Delete
NAME	BROOKS, KAYE	
STREET ADDRESS	12013 HAZEN AVE P.O. BOX 1106	
CITY-ST-ZIP	THONOTOSASSA FL 33592	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, WILLIAM F.	
STREET ADDRESS	2215 SHADEHILL COURT	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input type="checkbox"/> Delete
NAME	WERLY, ALBERT C.	
STREET ADDRESS	8229 132ND ST. N.	
CITY-ST-ZIP	SEMINOLE FL 34646	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *[Handwritten Signature]*

4-17-03 813 988-3557

CR2E037 (10/02)