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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **749282** **(0)**

1. Corporation Name

CALVARY TABERNACLE UNITED PENTECOSTAL CHURCH, IN C.

Principal Place of Business	Mailing Address
10930 US HWY 301 N. THONOTOSASSA FL 33592	10930 US HWY 301 N. THONOTOSASSA FL 33592-3723

3. Date Incorporated or Qualified: **10/11/1979**
3a. Date of Last Report: **04/24/1996**

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

4. FEI Number: **59-2040610** ☐ 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**

SEAMAN, CLARA P
1918 115TH AV
TAMPA FL 33336

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
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	TD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BRIMMAGE, CARLTON D		1.2 NAME	
STREET ADDRESS	17316 HANNA ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL		1.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE,CARLOS		2.2 NAME	
STREET ADDRESS	7716 SUMTER CT.		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KIRKLAND, JOSEPH		3.2 NAME	
STREET ADDRESS	9715 LORRAYNE RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL		3.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SEAMAN, CLARA		4.2 NAME	
STREET ADDRESS	10930 US HWY 301 N		4.3 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL 33592		4.4 CITY-ST-ZIP	
TITLE	PCD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WOLFE, JAMES A		5.2 NAME	
STREET ADDRESS	6916 GREENHILL PLACE		5.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL		5.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SIMPSON, ROGER JR		6.2 NAME	
STREET ADDRESS	3622 E 38TH AVENUE		6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED Clara P Seaman 5-1-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0046636