

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90023 016 ****61.25

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Corporation Name

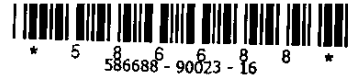
CALVARY TABERNACLE UNITED PENTECOSTAL CHURCH, IN
C.

Principal Place of Business

10930 US HWY 301 N.
THONOTOSASSA FL 33592

Mailing Address

10930 US HWY 301 N.
THONOTOSASSA FL 33592



1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/11/1979	
City & State		City & State		4. FEI Number	
Zip		Zip		59-2040610	
Country		Country		Applied For	
25		29		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
SEAMAN, CLARA P				6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
1918 115TH AV				Trust Fund Contribution ☐	
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	

1. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. 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-STATE-ZIP	LUTZ FL	1.4 CITY-STATE-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-STATE-ZIP	TAMPA FL	2.4 CITY-STATE-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-STATE-ZIP	RIVERVIEW FL	3.4 CITY-STATE-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-STATE-ZIP	THONOTOSASSA FL 33592	4.4 CITY-STATE-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-STATE-ZIP	TEMPLE TERRACE FL	5.4 CITY-STATE-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-STATE-ZIP	TAMPA FL	6.4 CITY-STATE-ZIP	

4. 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:

James A Wolfe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-99

Date

813-481-6000

Daytime Phone #

CR2E037 (11/98)