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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 749282

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

Principal Place of Business Suite, Apt. #, etc. City & State Zip / Country (25)	2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip / Country (29) (30)	3. Date Incorporated or Qualifed: 10/11/1979 4. FEI Number: 59-2040610 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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		
TLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
AME	BRIMMAGE, CARLTON D		1.2 NAME		
TREET ADDRESS	17316 HANNA ROAD		1.3 STREET ADDRESS		
TY-ST-ZIP	LUTZ FL		1.4 CITY-ST-ZIP		
TLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
AME	LAWRENCE,CARLOS		2.2 NAME		
TREET ADDRESS	7716 SUMTER CT.		2.3 STREET ADDRESS		
TY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TLE	TD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
AME	KIRKLAND, JOSEPH		3.2 NAME		
TREET ADDRESS	9715 LORRAYNE RD		3.3 STREET ADDRESS		
TY-ST-ZIP	RIVERVIEW FL		3.4. CITY-ST-ZIP		
TLE	STD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
AME	SEAMAN, CLARA		4. 2 NAME		
TREET ADDRESS	10930 US HWY 301 N		4.3 STREET ADDRESS		
TY-ST-ZIP	THONOTOSASSA FL 33592		4.4 CITY-ST-ZIP		
TLE	PCD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
AME	WOLFE, JAMES A		5.2 NAME		
TREET ADDRESS	6916 GREENHILL PLACE		5.3 STREET ADDRESS		
TY-ST-ZIP	TEMPLE TERRACE FL		5.4 CITY-ST-ZIP		
TLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
AME	SIMPSON, ROGER JR		6.2 NAME		
TREET ADDRESS	3622 E 38TH AVENUE		6.3 STREET ADDRESS		
TY-ST-ZIP	TAMPA FL		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: James A. Wolfe JAMES A. WOLFE PRESIDENT 5-1-99 813-986-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)