

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90068 030 ****61.25

DOCUMENT # 749282

1. Entity Name

CALVARY TABERNACLE UNITED PENTECOSTAL CHURCH, INC.



Principal Place of Business

10930 US HWY 301 N.
THONOTOSASSA FL 33592

Mailing Address

10930 US HWY 301 N.
THONOTOSASSA FL 33592

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

59-2040610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLFE, ELIZABETH A
6916 GREENHILL PLACE
TAMPA FL 33616

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
Due By May 1, 2004

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

TITLE TD ☐ Delete
NAME BRIMMAGE, CARLTON D
STREET ADDRESS 17316 HANNA ROAD
CITY-ST-ZIP LUTZ FL

TITLE TD ☐ Delete
NAME LAWRENCE, CARLOS
STREET ADDRESS 7716 SUMTER CT.
CITY-ST-ZIP TAMPA FL

TITLE STD ☐ Delete
NAME WOLFE, ELIZABETH A
STREET ADDRESS 10930 US HWY 301 N
CITY-ST-ZIP THONOTOSASSA FL 33592

TITLE PCD ☐ Delete
NAME WOLFE, JAMES A
STREET ADDRESS 6916 GREENHILL PLACE
CITY-ST-ZIP TEMPLE TERRACE FL

TITLE TD ☐ Delete
NAME SIMPSON, ROGER JR
STREET ADDRESS 3622 E 38TH AVENUE
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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: *Elizabeth A Wolfe* ELIZABETH A. WOLFE 3/11/04 (813) 986-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #