


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90357 013 \*\*\*\*61.25

<b>DOCUMENT # 749282</b> 1. Entity Name <b>CALVARY TABERNACLE UNITED PENTECOSTAL CHURCH, INC.</b>					
Principal Place of Business <b>10930 US HWY 301 N. THONOTOSASSA, FL 33592</b>			Mailing Address <b>10930 US HWY 301 N. THONOTOSASSA, FL 33592</b>		
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 <b>59-2040610</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WOLFE, ELIZABETH A 6916 GREENHILL PLACE TAMPA, FL 33617</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u>Elizabeth A Wolfe</u> <span style="float: right;">4/24/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRIMMAGE, CARLTON D</b>		NAME	<b>3041 Deepwell Drive</b>	
STREET ADDRESS	<b>17316 HANNA ROAD</b>		STREET ADDRESS	<b>Brooksville, FL 34602</b>	
CITY-ST-ZIP	<b>LUTZ, FL</b>		CITY-ST-ZIP	<b>Brooksville, FL 34602</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LAWRENCE, CARLOS</b>		NAME	<b>30853 Prout Ct.</b>	
STREET ADDRESS	<b>7716 SUMTER CT.</b>		STREET ADDRESS	<b>Wesley Chapel, FL 33543</b>	
CITY-ST-ZIP	<b>TAMPA, FL</b>		CITY-ST-ZIP	<b>Wesley Chapel, FL 33543</b>	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WOLFE, ELIZABETH A</b>		NAME		
STREET ADDRESS	<b>10930 US HWY 301 N</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>THONOTOSASSA, FL 33592</b>		CITY-ST-ZIP		
TITLE	PCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WOLFE, JAMES A</b>		NAME		
STREET ADDRESS	<b>6916 GREENHILL PLACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TEMPLE TERRACE, FL</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SIMPSON, ROGER JR</b>		NAME		
STREET ADDRESS	<b>3622 E 38TH AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Elizabeth A Wolfe</u> <span style="float: right;">4/24/06 (813) 986-6000</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					