2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#749282

FILED Apr 29, 2007 Secretary of State

Entity Name: CALVARY TABERNACLE UNITED PENTECOSTAL CHURCH, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	HWY 301 N. DSASSA, FL 3	33592			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	HWY 301 N. DSASSA, FL 3	33592			
FEI Number:	: 59-2040610	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
6916 GRE TAMPA, F The above	ELIZABETH A ENHILL PLAC L 33617 Us named entity of Florida.	S	urpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TD (BRIMMAGE, C 3041 DEEPWE BROOKSVILLE	ELL DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD (LAWRENCE,C 30853 PROUT ZEPHYRHILLS	СТ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD (WOLFE, ELIZA 10930 US HW THONOTOSAS	Y 301 N	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PCD (WOLFE, JAME 6916 GREENH TEMPLE TERF	ILL PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD (SIMPSON, RO 3622 E 38TH A TAMPA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. WOLFE PRES 04/29/2007