

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # 764159

1. Entity Name

CALVARY APOSTOLIC FAITH CHURCH INC.



Principal Place of Business

1204-124TH AVE. EAST
TAMPA, FL 33612

Mailing Address

P.O. BOX 47716
TAMPA, FL 33647 US



01082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2169567

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PORTER, FRED L
10002 OXFORD CHAPEL DR
TAMPA, FL 33647

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

000000585521
01/16/07-80016-009 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
PORTER, FRED L
10002 OXFORD CHAPEL DR
TAMPA, FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
PORTER, PHILLIP C
6311 W PARIS ST
TAMPA, FL 33634

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
AUTRY, ISAIAH ELDER
406 W. FRANCIS ST.
TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
PORTER, CAROLYN
10002 OXFORD CHAPEL DR
TAMPA, FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/08/07

Date

Daytime Phone #