

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000005332**

1. Entity Name

CALVARY DELIVERANCE TEMPLE, INC.

Principal Place of Business

**11130 HIGHWAY 97
WALNUT HILL FL 32568**

Mailing Address

**11130 HIGHWAY 97
WALNUT HILL FL 32568**

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

59-3746885☒ Applied For☒ Not Applicable5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ENFINGER, PAUL
11130 HIGHWAY 97
WALNUT HILL FL 32568**

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P.			
	ENFINGER, PAUL D REV	11130 HIGHWAY 97	WALNUT HILL FL 32568	

	T			<input type="checkbox"/> Delete
	ENFINGER, SHEILA P	11130 HIGHWAY 97	WALNUT HILL FL 32568	

	S			<input type="checkbox"/> Delete
	CANTLEY, LETHA B	5000 SANDY HOLLOW ROAD	CENTURY FL 32535	

	T			<input type="checkbox"/> Delete
	CANTLEY, FRANKLIN D	5000 SANDY HOLLOW ROAD	CENTURY FL 32535	

	T			<input type="checkbox"/> Delete
	GARRETT, WILLIAM J	5000 SANDY HOLLOW ROAD	CENTURY FL 32535	

				<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90106 021 *****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)