

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

FILED
May 19, 2004 8:00 am
Secretary of State

04-29-2004 90305 050 ****70.00

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
Davenport, FL.
Suite, Apt. #, etc.

3. Mailing Address
11130 Hwy. 97
Suite, Apt. #, etc.

City & State
Walnut Hill, FL.
Zip 32568 **Country** ESC.

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Walnut Hill, FL.
Zip 32568 **Country** ESC.

66422753

MOORE CR2E037 (11/03)

4. FEI Number NO-T APPLICABLE **Applied For** ☒ Not Applicable

5. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Rev. Paul Enfinger **4-26-04**
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 ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENFINGER, PAUL D REV 11130 HIGHWAY 97 WALNUT HILL FL 32568 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ENFINGER, SHEILA P 11130 HIGHWAY 97 WALNUT HILL FL 32568 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANTLEY, LETHA B 5000 SANDY HOLLOW ROAD CENTURY FL 32535 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CANTLEY, FRANKLIN D 5000 SANDY HOLLOW ROAD CENTURY FL 32535 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARRETT, WILLIAM J 5000 SANDY HOLLOW ROAD CENTURY FL 32535 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 Rev. Paul Enfinger **5/16/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #