


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000005332 1. Entity Name CALVARY DELIVERANCE TEMPLE, INC.					
Principal Place of Business DAVISVILLE, FL. WALNUT HILL FL 32568			Mailing Address 11130 HIGHWAY 97 WALNUT HILL FL 32568		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number NO-T APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		\$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	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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 <input type="checkbox"/> Delete ENFINGER, PAUL D REV 11130 HIGHWAY 97 WALNUT HILL FL 32568			<input type="checkbox"/> Change <input type="checkbox"/> Addition 1113000211073 02/02/05-80128-017 61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete ENFINGER, SHEILA P 11130 HIGHWAY 97 WALNUT HILL FL 32568			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Delete CANTLEY, LETHA B 5000 SANDY HOLLOW ROAD CENTURY FL 32535			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete CANTLEY, FRANKLIN D 5000 SANDY HOLLOW ROAD CENTURY FL 32535			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	G <input type="checkbox"/> Delete GARRETT, WILLIAM J 5000 SANDY HOLLOW ROAD CENTURY FL 32535			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<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(3)(1), 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					
Date _____ Daytime Phone # _____					