


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

FILED
Mar 02, 2004 8:00 am
Secretary of State


03-02-2004 90048 002 ****61.25

DOCUMENT # N02000002968	
1. Entity Name NEW CALVARY TEMPLE CHURCH OF GOD, INC.	

Principal Place of Business 120 JACKSON ST. CENTURY FL 32535	Mailing Address PO BOX 749 CENTURY FL 32535
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2. Principal Place of Business New Calvary Temple Church	3. Mailing Address 120 Jackson St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Century FL	City & State Century FL
Zip 32535	Country ESC.

	
MOORE	CR2E037 (11/03)
4. FEI Number 03-0427942	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CALLAWAY, MARY M 1600 N. PALAFOX ST. PENSACOLA FL 32501	7. Name and Address of New Registered Agent Name: Nancy Riley Street Address (P.O. Box Number is Not Acceptable): 7440 Field Rd City: Century FL Zip Code: 32535
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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: Nancy Riley DATE: 2-19-04

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME PHIFER, JAMES STREET ADDRESS 7440 FIELD RD. CITY-ST-ZIP CENTURY FL 32535	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DAVIS, ROSA STREET ADDRESS 233 LIBERTY ST. CITY-ST-ZIP ATMORE AL 36502	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME JAMES, TRINA STREET ADDRESS P. O. BOX 528 CITY-ST-ZIP CENTURY FL 32535	<input type="checkbox"/> Delete	TITLE Director NAME Nancy Riley STREET ADDRESS 7440 Field Rd CITY-ST-ZIP Century FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME RILEY, NANCY STREET ADDRESS 697 EWING DR CITY-ST-ZIP ATMORE AL 36502	<input type="checkbox"/> Delete	TITLE Director NAME Nancy Riley STREET ADDRESS 7440 Field Rd CITY-ST-ZIP Century FL 32535	<input checked="" 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
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(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: Nancy Riley Nancy Riley DATE: 2-19-04 251-446-1604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #