

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

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90074 008 ****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

120 JACKSON ST.
CENTURY FL 32535

2. Principal Place of Business

120 JACKSON ST
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 749
Suite, Apt. #, etc.

City & State

Century Florida

City & State

Century FL

Zip

32535

Country

ESCAMBIA

Zip

32535

Country

ESCAMBIA

4. FEI Number

03-0427942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RILEY, NANCY
7440 FIELD RD.
CENTURY FL 32535

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

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, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PHIFER, JAMES	
STREET ADDRESS	7440 FIELD RD.	
CITY-ST-ZIP	CENTURY FL 32535	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, ROSA	
STREET ADDRESS	233 LIBERTY ST.	
CITY-ST-ZIP	ATMORE AL 36502	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, TRINA	
STREET ADDRESS	P. O. BOX 528	
CITY-ST-ZIP	CENTURY FL 32535	
TITLE	D	<input type="checkbox"/> Delete
NAME	RILEY, NANCY	
STREET ADDRESS	7440 FIELD RD.	
CITY-ST-ZIP	CENTURY FL 32535	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

1-29-05 251-446-1604

Daytime Phone #