

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90024 026 ****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



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

2nd MOORE

CR2E037 (4/06)

City & State

City & State

4. FEI Number

03-0427942

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Dashwood Riley

Street Address (P.O. Box Number is Not Acceptable)

697 Ewing Dr

City

Atmore

State

AL

Zip Code

36502

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

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 6, 2006

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 ☒ Delete
NAME PHIFER, JAMES
STREET ADDRESS 7440 FIELD RD.
CITY-STATE-ZIP CENTURY FL 32535

TITLE D ☐ Delete
NAME DAVIS, ROSA
STREET ADDRESS 233 LIBERTY ST.
CITY-STATE-ZIP ATMORE AL 36502

TITLE D ☐ Delete
NAME JAMES, TRINA
STREET ADDRESS P. O. BOX 528
CITY-STATE-ZIP CENTURY FL 32535

TITLE D ☐ Delete
NAME RILEY, NANCY
STREET ADDRESS 7440 FIELD RD.
CITY-STATE-ZIP CENTURY FL 32535

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME *Dashwood Riley*
STREET ADDRESS *697 Ewing Dr*
CITY-STATE-ZIP *Atmore AL 36502*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

7-17-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #