


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

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90010 001 ****70.00

DOCUMENT # N03000008180
1. Entity Name
THE PLACE TO CALVARY, INC.



Principal Place of Business: **4804 GOFF RD. PLANT CITY FL 33567**
Mailing Address: **4804 GOFF RD. PLANT CITY FL 33567**

14022873



MOORE CR2E037 (11/03)

2. Principal Place of Business: **4804 Goff Rd**
3. Mailing Address: **4804 Goff Rd**

City & State: **Plant City**
Zip: **33567** Country: **USA**

4. FEI Number: **56-2395314**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LARKIN, LOU
4804 GOFF RD.
PLANT CITY FL 33567

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: **LOU LARKIN PASTOR** *Lou Larkin President*
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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | |
|---|---------------------------------|
| TITLE: LOU LARKIN PASTOR NAME: MINISTER STREET ADDRESS: 4804 GOFF RD. CITY-ST-ZIP: PLANT CITY, FL 33567 | <input type="checkbox"/> Delete |
| TITLE: VICE PRESIDENT NAME: DORIS R. LARKIN STREET ADDRESS: 4804 GOFF RD. CITY-ST-ZIP: PLANT CITY FL 33567 | <input type="checkbox"/> Delete |
| TITLE: SECRETARY NAME: WILDA HARRIS STREET ADDRESS: 10609 N. D7th St. CITY-ST-ZIP: Tampa, FL 33612 | <input type="checkbox"/> Delete |
| TITLE: TREASURER NAME: TERRIE L. LARKIN STREET ADDRESS: 4804 GOFF RD. CITY-ST-ZIP: PLANT CITY, FL 33567 | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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: *Lou Larkin* **LOU LARKIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **813-707-9515**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 14, 2004

THE PLACE TO CALVARY, INC.
4804 GOFF RD.
PLANT CITY, FL 33567

SUBJECT: THE PLACE TO CALVARY, INC.
Ref. Number: N03000008180

We have received your document for THE PLACE TO CALVARY, INC. and check(s) totaling \$70.00. However, your check(s) and document are being returned for the following:

The signature(s) on the report must be original and in ink. A photocopy or stamped signature is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 004A00024617