


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000008180

1. Entity Name
 THE PLACE TO CALVARY, INC.



Principal Place of Business
 4804 GOFF RD.
 PLANT CITY, FL 33567 US

Mailing Address
 4804 GOFF RD.
 PLANT CITY, FL 33567 US

DO NOT WRITE IN THIS SPACE



04092005 No Chg-NP CR2E037 (10/03)

4. FEI Number
 56-2395314

Applied For
 Not Applicable

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

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LARKIN, LOU PASTOR
STREET ADDRESS	4804 GOFF ROAD
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	VP
NAME	LARKIN, DORIS R
STREET ADDRESS	4804 GOFF ROAD
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	S
NAME	HAND, WILDA
STREET ADDRESS	10609 N. 27TH STREET
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	T
NAME	LARKIN, TERRIE L
STREET ADDRESS	4804 GOFF ROAD
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/13/05-80096-011 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** 4/9/05 **813-707-9579**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #