

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 27, 2009
Secretary of State**

DOCUMENT# N03000008180

Entity Name: THE PLACE TO CALVARY, INC.

Current Principal Place of Business:

4804 GOFF RD.
PLANT CITY, FL 33567 US

New Principal Place of Business:

Current Mailing Address:

4804 GOFF RD.
PLANT CITY, FL 33567 US

New Mailing Address:

FEI Number: 56-2395314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LARKIN, LOU P PASTOR
4804 GOFF RD.
PLANT CITY, FL 33567 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PAST () Delete
Name: LARKIN, LOU P PASTOR
Address: 4804 GOFF ROAD
City-St-Zip: PLANT CITY, FL 33567 US

Title: VP () Delete
Name: LARKIN, DORIS R
Address: 4804 GOFF ROAD
City-St-Zip: PLANT CITY, FL 33567 US

Title: S () Delete
Name: HAND, WILDA
Address: 10609 N. 27TH STREET
City-St-Zip: TAMPA, FL 33612 US

Title: T () Delete
Name: LARKIN, TERRIE L
Address: 4804 GOFF ROAD
City-St-Zip: PLANT CITY, FL 33567

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOU P LARKIN

PAST

05/27/2009

Electronic Signature of Signing Officer or Director

_____ Date