


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90069 010 ****70.00

DOCUMENT # N04000003298					
1. Entity Name CALVARY PRAISE & WORSHIP CENTER, INC.					
Principal Place of Business 5900 TOWNSEND ROAD, #1238 JACKSONVILLE, FL 32244			Mailing Address 5900 TOWNSEND ROAD, #1238 JACKSONVILLE, FL 32244		
2. Principal Place of Business 3325 Plymouth Street			3. Mailing Address Post Office Box 441192		
Suite, Apt. #, etc. #13			Suite, Apt. #, etc.		
City & State Jacksonville Florida			City & State Jacksonville Florida		
Zip 32205		Country USA		Zip 32222	
Country USA		4. FEI Number 86-1100037			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATTERSON, LAYLITA L 5900 TOWNSEND ROAD, #1238 JACKSONVILLE, FL 32244			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$81.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, CARL C 5900 TOWNSEND ROAD, #1238 JACKSONVILLE, FL 32244		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Evangelist Virginia Bagley 5400 Collins Lake Dr. #1111 Jacksonville, FL 32244	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, LAYLITA L 5900 TOWNSEND ROAD, #1238 JACKSONVILLE, FL 32244		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deacon Roy D. Ulmer, Jr. 6620 Collins Rd. #313 Jacksonville, FL 32244	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, KENNETH 4455 CONFEDERATE POINT #10-E JACKSONVILLE, FL 32244		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deaconess Cindy J. Ulmer 6620 Collins Rd. #313 Jacksonville, FL 32244	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, CRYSTAL P 4455 CONFEDERATE POINT #10-E JACKSONVILLE, FL 32244		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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: <i>Laylita Patterson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			09/06/05 (904) 771-7682 Date Daytime Phone #		

50065641



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