


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90037 033 \*\*\*\*61.25

<b>DOCUMENT # N35298</b> 1. Entity Name <b>CALVARY BAPTIST TEMPLE, INC.</b>	
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Principal Place of Business <b>21841 S.W. MARINE BLVD. DUNNELLON, FL 34431 US</b>	Mailing Address <b>21841 S.W. MARINE BLVD. DUNNELLON, FL 34431 US</b>
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**40011868**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01202005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent <b>HAMILL DENNIS 21230 SW HONEYSUCKLE DUNNELLON, FL 34431</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HAMILL, DENNIS 21230 SW HONEYSUCKLE DUNNELLON, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DUNNELLON, FL. 34431</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT MANDEL, CARLA 21251 S.W. PLANTATION ST. DUNNELLON, FL 34431</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT MARKHAM, O.J. 1500 SW 210TH AVE DUNNELLON, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DUNNELLON, FL 34431</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MARKHAM, MAZIE 925 SW 210 AVE DUNNELLON, FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GARTNER, MAZIE 925 S W 210 AV DUNNELLON, FL. 34431</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AP PARKER, JAMIE 4480 E. AMHERST ST. HERNANDO, FL 34442</b> <input type="checkbox"/> Delete	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"/> Delete	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:**

*O.J. Markham*  
**O.J. MARKHAM**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*02-02-05*  
Date

*352-489-7787*  
Daytime Phone #