## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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**FILED** Apr 28 1997 8:00am Secretary of State

DOCUMENT # N41710 1. Corporation Name  CALVARY TEMPLE OF PRAISE, INC.														
Principal Place	Principal Place of Business Mailing Address													
·			v											
1	ord, FI	th Street 32771		Box 462	2071	7.0								
pant	.oru, rı	32//1	Sanre	ord, FL	321	32772			3. Date Incorporated or Qualified   3a. Date of Last Report					
									January 17, 1991	1		•	}	
2. Principal Place of Business			2a. Maili	2a. Mailing Address					4. FEI Number	<del></del>	Ap	plied For	1	
21			26						<b>59–3048759</b> Not Applicable					
Suite, Apt. #, etc				Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional					
City & State	n		27 City	& State					Fee Required					
23	•-		28	<del></del>					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip			Zip			Country			8. This corporation has liability for intangible tax under s. 199				1	
24		5	29	29 30					Florida Statutes Yes No				1	
	9. Name a	and Address of Curre	ent Registered	Agent		-			10. Name and Address of New Re	alstered /	Agent		┦	
ĺ						81	Name						1	
1 <b>–</b>		Simmons				82	Street #	\ddre	ss (P.O. Box Number is Not Acceptab	le)			1	
		st Street				83			***************************************			<del></del>	┪	
	e 22						L						1	
Sanf	ord, FI	32771				84	City			FL	85 Zip (	Code	1	
11. Pursuant f	to the provision	ons of Sections 617.05	02 and 617.15	08, Florida Statu	tes, the	above	-named	corpo	ration submits this statement for the p	urnose of	changing it	s registered	1	
l office or re agent Tar	egistered age m familiar with	nt, or both, in the Stat	le of Florida. Su dations of, Sect	ch change was ion 617.0503. Fi	authorii orida S	zed by tatutes	the corp	oratio	n's board of directors. I hereby accep	t the app	ointment as	registered	1	
SIGNATURE		,	<b>9</b>		•				•				Ì	
	Stpriar ice Typeid o	r pricted name of registered a		***************************************			ni signature	requirec	t when reinstaling)	DATE			٦,	
12.			ND DIRECTOR	S DELETE			т		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR  Change	KS IN 12 Addition	96/6	
1:TLE NAME	(B)(D)			L. Detert	- 1	TITLE NAME	1	(E			Time Custings	(T) Monitrion		
STREET AUDPESS		. Wright			- 4		ADDRESS		nda Clark				18	
CHY-SI-ZIP		Cahill Way	746			CITY-S			506 S. Myrtle Ave.				CR2E037	
TILE	Lake F	lary, FL 32	760	DELETE		TITLE	·····	—58 (I	inford, FL 32773		Change	Addition	ქხ	
NAME		a Wright			2.3	NAME	i		rgil Hayes					
STREET ADDRESS					23	STREET	ADDRESS		510 S. Mellonville A	U/A			1	
City-St ZIP	Lake F	ahill Way Jary, FL 32	746		2.	4 CITY-S	T-ZIP		inford, FL 32771	· · ·				
Tille	(D)			☐ DELETE		TITLE		(Ï	))		☐ Change	Addition		
NAME	Robert	Peterson				NAME			chard Snell				-	
STREET ADDRESS	1809 8	umerlin Ave	nue				ADDRESS		309 Redding Place					
01Y - S1 - ZIP	Sanfor	d, FL 3277	1	DELETE		CITY-S	31-ZIP	_Sé	inford, FL 32771		Change	Addition	1	
TITLE NAME				لسا تجدلان	1	1 TITLE 2 NAME					L_ Change	L Addition	-	
STHEET ADDRESS							ADDRESS						1	
CITY - ST - ZIP						4 CITY-S	l l				1.		}	
1111.{				DELETE	_	TITLE	<del></del> 1		***************************************	***************************************	L / Change	Addition	1	
NAME	1				5:	2 NAME	)				Mh 1	100/0	h	
STREET ADDRESS					53	STREET	ADDRESS			,	41 ] (4	18/1	*	
CHY-ST-ZIF					5.	CITY-S	T-ZIP				101		]	
TOTLE				DELETE	6.1	TITLE	ì		50000216 -04/30/97010	3 <b>0</b> 0	<b>65</b> 000	Addition Addition		
NAME						? NAME	į		-04/30/97010	138(	)10			
STREET ADDRESS							address		***61.25					
CITY-ST-7/P	ا علم المراجع من	the information are = "	and with this fitter	o doce sol over		CITY-S		lated :		1 fresh-	cortify that	the .	-	
informatio	n indicated o	n this annual report of	supplemental	annual report is	true an	d accr	rate and	that r	in Section 119.07(3)(i), Florida Statute: ny signature shall have the same lega	effect as	if made un	der oath; that	tÌ	

Information more add on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under of Larrian 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 12 or Block 13 if champed, or on an attachment with an address.