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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N41710** (7)

1. Corporation Name

CALVARY TEMPLE OF PRAISE, INC.

Principal Place of Business

Mailing Address

**1402 W. 16TH ST.
SANFORD FL 32771**

**P.O. BOX 4848
SANFORD FL 32772**

3. Date Incorporated or Qualified

01/17/1991

4. FEI Number

59-3048759

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMMONS, CLAYTON D
200 W. FIRST STREET
SUITE 22
SANFORD FL 32771**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME **CLARK, LINDA**
STREET ADDRESS **2606 S. MYRTLE AVE.**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE D ☐ DELETE

NAME **HAYES, VIRGIL**
STREET ADDRESS **1510 S. MELLONVILLE AVE.**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE D ☐ DELETE

NAME **SNELL, RICHARD**
STREET ADDRESS **1809 REDDING PLACE**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE (P)(D) ☐ Change ☒ Addition

1.2 NAME **Paul P. Wright**
1.3 STREET ADDRESS **2689 Cahill Way**
1.4 CITY-ST-ZIP **Lake Mary, FL 32746**

2.1 TITLE (D) ☐ Change ☒ Addition

2.2 NAME **Alberta Wright**
2.3 STREET ADDRESS **2689 Cahill Way**
2.4 CITY-ST-ZIP **Lake Mary, FL 32746**

3.1 TITLE (D) ☐ Change ☒ Addition

3.2 NAME **Robert Peterson**
3.3 STREET ADDRESS **1809 Summerlin Avenue**
3.4 CITY-ST-ZIP **Sanford, FL 32771**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul P. Wright* **Paul P. Wright**

4-21-98

407-324-0126

CR2E037 (10/97)