2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N41710 1. Entity Name CALVARY TEMPLE OF PRAISE, INC.					FILED Mar 29, 2001 08:00 AM Secretary of State		
Principal Place 2020 MCCRAC	e of Business	Mailing Address . 2020 MCCRACKEN RD			v		
SANFORD 32771	FL US	SANFORD 32771	FL US				
2. Principal Pl	ace of Business	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	}	City & State		4. FEI Numb 59-3048			plied For ot Applicable
Zip	Country	Zip	Country	1.5	of Status Desired	\$8.75 Add	litional
	6. Name and Address of Current I	Registered Agent		7. Name and	Address of New Registered		
			Name	-	 	. 3	· · · · · · · · · · · · · · · · · · ·
SIMMONS CLAYTON D 200 W. FIRST STREET SUITE 22			Street A	reet Address (P.O. Box Number is Not Acceptable)			
SANFORD 32771	US	L	City		F	Zip Cod	е
SIGNATURE _	Signature, typed or printed name of registered agent a FILE NOW: FEE IS \$61,25	9. Election Campaign F Trust Fund Contribut	inancing	\$5.00 May Be Added to Fees	DATE Make Check	9/2001 R Payable to	
	The state of the s					a popular promoter a substitution of the	·
10.	OFFICERS AND DIR		11.	1	IANGES TO OFFICERS AND I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNELL RICHARD 1809 REDDING PLACE SANFORD	☐ Delete FL 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SNELL RICH 1004 W. FOURTH STI SANFORD		Change 32771	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON ROBERT 131 SCOTT DRIVE SANFORD	№ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	D HAYES VIRGIL P.O. BOX 334	□ Delete	TITLE NAME STREET ADDRESS			☐ Chánge	☐ Addition
CITY-ST-ZIP	SANFORD	FL 327720334	CITY-ST-ZIP				
TITLE NAME STREET ADDRESS	D PETERSON ROBERT 1809 SUMERLIN AVENUE	☐ Delete	TITLE NAME STREET ADDRESS	D PETERSON RO 131 SCOTT DRIVE	DBERT	∑ Change	Addition
CITY-ST-ZIP	SANFORD	FL 32771	CITY-ST-ZIP	SANFORD	FL	32771	
TITLE NAME STREET ADDRESS	D WRIGHT ALBERTA 2689 CAHILL WAY	☐ Delete	TITLE NAME STREET ADDRESS	1001 ARRINGTON C		Change	☐ Addition
CITY-ST-ZIP	LAKE MARY	FL 32746	CITY-ST-ZIP	OVIEDO	FL	32765	
TITLE NAME	PD WRIGHT PAUL P	☐ Delete	TITLE Name	PD WRIGHT PAU	JL P	™ Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

FL 32746

SIGNATURE: Paul P. Wright

STREET ADDRESS

CITY-ST-ZIP

2689 CAHILL WAY

LAKE MARY

PD

STREET ADDRESS 1001 ARRINGTON CIRCLE

OVIEDO

03/29/2001

 \mathbf{FL}

32765