2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 AM
Secretary of State

DOCUMENT# N41710

Entity Name: CALVARY TEMPLE OF PRAISE, INC.

Current Principal Place of Business:

2020 MCCRACKEN RD
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

2020 MCCRACKEN RD
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 59-3048759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WRIGHT, PAUL P	
Address:	1001 ARRINGTON CIRCLE	
City-St-Zip:	OVIEDO, FL 32765	
Title:	D	( ) Delete
Name:	WRIGHT, ALBERTA	
Address:	1001 ARRINGTON CIRCLE	
City-St-Zip:	OVIEDO, FL 32765	
Title:	D	( ) Delete
Name:	PETERSON, ROBERT	
Address:	131 SCOTT DRIVE	
City-St-Zip:	SANFORD, FL 32771	
Title:	D	( ) Delete
Name:	HAYES, VIRGIL	
Address:	P.O. BOX 334	
City-St-Zip:	SANFORD, FL 327720334	
Title:	D	( ) Delete
Name:	SNELL, RICHARD	
Address:	1004 W. FOURTH STREET	
City-St-Zip:	SANFORD, FL 32771	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL P. WRIGHT PD 01/28/2002

Electronic Signature of Signing Officer or Director — Date