2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41710

Apr 28, 2004 Secretary of State

Entity Name: CALVARY TEMPLE OF PRAISE, INC.

Current Principal Place of Business: New Principal Place of Business: 2020 MCCRACKEN RD SANFORD, FL 32771 US **Current Mailing Address: New Mailing Address:** 2020 MCCRACKEN RD SANFORD, FL 32771 US FEI Number: 59-3048759 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MELTON, JAMES E JR 2020 MCCRACKEN RD SANFORD, FL 32771 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WRIGHT, PAUL P Name: Name: 1001 ARRINGTON CIRCLE Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WRIGHT, ALBERTA Name: Address: 1001 ARRINGTON CIRCLE Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: () Delete Title: () Change () Addition PETERSON, ROBERT Name: Name: Address: 131 SCOTT DRIVE Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HAYES, VIRGIL Name: 3498 WADING HERON Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: () Delete Title: (X) Change () Addition SNELL, RICHARD SNELL, RICHARD Name: Name: 1004 W. FOURTH STREET 425 SUN LAKE CIRCLE Address: Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: LAKE MARY, FL 32746

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 04/28/2004