## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N41710

City-St-Zip:

SANFORD, FL 32771

Entity Name: CALVARY TEMPLE OF PRAISE INC.

FILED Apr 28, 2003 Secretary of State

This is the state of the state						
Current Principal Place of Business:			New Principal Place of Business:			
	RACKEN RD , FL 32771	US				
Current Mailing Address:			New Mailing Address:			
	RACKEN RD , FL 32771	US				
FEI Number:	59-3048759	FEI Number Applied For ( )	FEI Number Not Appli	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
200 W. FIR SUITE 22	CLAYTON D ST STREET , FL 32771 U	s				
The above in the State	named entity s of Florida.	submits this statement for the pu	rpose of changing it	s registere	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ager	nt		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () WRIGHT, PAUL 1001 ARRINGTO OVIEDO, FL 32	ON CIRCLE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () WRIGHT, ALBE 1001 ARRINGTO OVIEDO, FL 32	ON CIRCLE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () PETERSON, RO 131 SCOTT DR SANFORD, FL	IVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () HAYES, VIRGIL P.O. BOX 334 SANFORD, FL		Title: Name: Address: City-St-Zip:	D HAYES, VIR 3498 WADII OVIEDO, FL	NG HERON	
Title: Name: Address:	D () SNELL, RICHAF 1004 W. FOUR		Title: Name: Address:		( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: PAUL P. WRIGHT PD 04/28/2003