2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2008 8:00 am Secretary of State

DOCUMENT # N9300000756 1. Entity Name CALVARY APOSTOLIC TABERNACLE INC.				02-04-2008 90027 027 ****61.25			
Principal Place of Business P.O. BOX 116 MOLINO, FL 32577		Mailing Address P.O. BOX 116 MOLINO, FL 32577					
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address		i (6001101 Q)6 (9)67 (1)(4 604) 064)	ACCIO PRVI BONI BALLI INCII BINA PIL	W 01 W	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01222008 Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-3178180	——————————————————————————————————————	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	d S8.75 Add Fee Required		
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of Nev			
GROCE, JAMES L			Name	Name			
1867 CHANCE RD CANTONMENT, FL 32533			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
			City		FL Zip Code	e	
	named entity submits this statement ions of registered agent.	for the purpose of changing its r	egistered office or regis	tered agent, or both, in the State of	Florida. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Agent signature requ	izad ubuo reinetalina)	DATE		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	negisierec Agent signatore requ	med when remotorary)	OATE		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund C	paign Financing	\$5.00 May Be	Make check payable to	(교육은 J. " 최 역에 "작년	
10.	•	9. Election Cam Trust Fund C	paign Financing	\$5.00 May Be	Make check payable to lorida Department of St	late	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SEC SIGNATURE:

1-31-08 Date

850-587.5277 Daytime Phone #