

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000756

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: CALVARY APOSTOLIC TABERNACLE INC.

**Current Principal Place of Business:**

P.O. BOX 116  
MOLINO, FL 32577

**New Principal Place of Business:**

5590 HWY 29 N  
MOLINO, FL 32577

**Current Mailing Address:**

P.O. BOX 116  
MOLINO, FL 32577

**New Mailing Address:**

FEI Number: 59-3178180

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GROCE, JAMES L  
1867 CHANCE RD  
CANTONMENT, FL 32533 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: T ( ) Delete  
Name: KENNEDY, KENNETH  
Address: MOLLINO RD  
City-St-Zip: MOLINO, FL

Title: T ( ) Delete  
Name: KNOWLES, WESLEY  
Address: 5761 HWY 29 N  
City-St-Zip: CANTONMENT, FL

Title: T ( ) Delete  
Name: LEE, BUFORD  
Address: 5556 HWY 29 N  
City-St-Zip: MOLINO, FL 32577

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: KENNEDY, KENNETH  
Address: MOLINO RD  
City-St-Zip: MOLINO, FL 32577

Title: T (X) Change ( ) Addition  
Name: KNOWLES, WESLEY  
Address: 5761 HWY 29 N  
City-St-Zip: MOLINO, FL 32577

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BUFORD LEE

O

02/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date