

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41710

Entity Name: CALVARY TEMPLE OF PRAISE, INC.**Current Principal Place of Business:**2020 MCCRACKEN RD
SANFORD, FL 32771**Current Mailing Address:**2020 MCCRACKEN RD
SANFORD, FL 32771 US**FEI Number:** 59-3048759**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HENLEY, GENENE Y
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:** GENENE Y. HENLEY

04/28/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	WRIGHT, PAUL P
Address	1001 ARRINGTON CIRCLE
City-State-Zip:	OVIEDO FL 32765

Title	D
Name	WRIGHT, ALBERTA
Address	1001 ARRINGTON CIRCLE
City-State-Zip:	OVIEDO FL 32765

Title	D
Name	HENLEY, GENENE
Address	154 STONE GABLE CIR
City-State-Zip:	WINTER SPRINGS FL 32708

Title	D
Name	AMOS, JOHNNY
Address	2955 MCKINLEY LANE
City-State-Zip:	SANFORD FL 32771

Title	D
Name	MCGREGOR, SHAWNDRIC A
Address	3349 DEWBERRY DRIVE
City-State-Zip:	DELTONA FL 32738

Title	DIRECTOR
Name	BUSH, ANTHONY
Address	3453 GERBER DAISY LANE
City-State-Zip:	OVIEDO FL 32766

Title	DIRECTOR
Name	PARKER, EDWARD
Address	139 ROSA BELLA VIEW
City-State-Zip:	DEBARY FL 32713

I hereby 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 all other like empowered.

SIGNATURE: GENENE Y. HENLEY**REGISTERED AGENT**

04/28/2025

Electronic Signature of Signing Officer/Director Detail

Date