


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 728678**

1. Entity Name  
 CALVARY TEMPLE ASSEMBLY, INC.



Principal Place of Business  
 CALVARY TEMPLE H/G  
 HWY 351-A  
 CROSS CITY, FL 32628 US

Mailing Address  
 CHAIRES AVE.  
 P.O. BOX 568  
 CROSS CITY, FL 32628 US

**DO NOT WRITE IN THIS SPACE**



01282004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-2365350

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HURST, JAMES  
 CHAIRES ST.  
 CROSS CITY, FL 32628

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VALENTINE, DEWEY LAMAR CEDAR ST. OLD TOWN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROOM, KAREN HC 04 BOX 563 N/A OLD TOWN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RED HURST, JAMES CHAIRES ST CROSS CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000028653  
 02/04/04-80035-005 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** *Karen Broom Karen Broom* 1-29-04 352-542-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #