


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90026 010 \*\*\*\*70.00

**DOCUMENT # 728678**  
 1. Entity Name  
**CALVARY TEMPLE ASSEMBLY, INC.**



Principal Place of Business Mailing Address  
**CALVARY TEMPLE H/G** **CHAIRES AVE.**  
**HWY 351-A** **P.O. BOX 568**  
**CROSS CITY FL 32628** **CROSS CITY FL 32628**  
**US** **US**



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**739 SW 10 ST** **P.O. Box 568**

City & State City & State  
**CROSS CITY FL** **CROSS CITY FL**  
 Zip Country Zip Country  
**32628 US** **32628 US**

4. FEI Number **59-2365350** Applied For  Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent  
**HURST, JAMES**  
**CHAIRES ST.**  
**CROSS CITY FL 32628**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
**224 NE 144 ST**  
 City **CROSS CITY** FL Zip Code **32628**

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 re-registering) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	VALENTINE, DEWEY LAMAR	
STREET ADDRESS	CEDAR ST.	
CITY-ST-ZIP	OLD TOWN FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BROWN, ANNE P	
STREET ADDRESS	810 NE 835 ST	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	RED	<input type="checkbox"/> Delete
NAME	HURST, JAMES	
STREET ADDRESS	CHAIRS ST	
CITY-ST-ZIP	CROSS CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTINE SNELL GROVE	
STREET ADDRESS	184 SE 39 AVE	
CITY-ST-ZIP	CROSS CITY, FL 32628	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	224 NE 144 ST	
CITY-ST-ZIP	Zip - 32628	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ANNE P. BROWN ANNE P. BROWN 3/16/06 352-498-3000