Current Prin 739 SW 10TH 3 CROSS CITY,			225261512	2000
Current Ma	iling Address:			
P O BOX 56 CROSS CIT	8 Y, FL 32628			
FEI Number: 59-2365350			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
BROWNING, M 739 SW 10TH CROSS CITY,				
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Florida.	
	d entity submits this statement for the purpose of changing its reg. E: MARY E BROWNING	istered office or regis		5/01/2023
		istered office or regis		
SIGNATURI	E: MARY E BROWNING	istered office or regis		5/01/2023
SIGNATURI	E: MARY E BROWNING Electronic Signature of Registered Agent	istered office or regis		5/01/2023
SIGNATURI Officer/Dire	E: MARY E BROWNING Electronic Signature of Registered Agent Ctor Detail :		0	5/01/2023
SIGNATURI Officer/Dire	E: MARY E BROWNING Electronic Signature of Registered Agent Ctor Detail : BOARD MEMBER	Title	0. BOARD MEMBER	5/01/2023
SIGNATURI Officer/Dire Title Name	E: MARY E BROWNING Electronic Signature of Registered Agent Ctor Detail : BOARD MEMBER WICKARD, JACKIE 49 NE 821ST.	Title Name	0 BOARD MEMBER WEEKS, ANDY BOARD MEMBER 5886 NE HWY 349	5/01/2023
SIGNATURI Officer/Dire Title Name Address	E: MARY E BROWNING Electronic Signature of Registered Agent Ctor Detail : BOARD MEMBER WICKARD, JACKIE 49 NE 821ST.	Title Name Address	0 BOARD MEMBER WEEKS, ANDY BOARD MEMBER 5886 NE HWY 349	5/01/2023
SIGNATURI Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : BOARD MEMBER WICKARD, JACKIE 49 NE 821ST. OLD TOWN FL 32680	Title Name Address	0 BOARD MEMBER WEEKS, ANDY BOARD MEMBER 5886 NE HWY 349	5/01/2023
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Ctor Detail : BOARD MEMBER WICKARD, JACKIE 49 NE 821ST. OLD TOWN FL 32680 OFFICER	Title Name Address	0 BOARD MEMBER WEEKS, ANDY BOARD MEMBER 5886 NE HWY 349	5/01/2023

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.

OFFICER

SIGNATURE: DIANNE, BUCK, OFFICER

Electronic Signature of Signing Officer/Director Detail

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: CALVARY TEMPLE ASSEMBLY OF GOD, INC

**DOCUMENT# 728678** 

05/01/2023 Date