

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

02-20-1999 90086 025 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 728678

1. Corporation 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

84016-90086-25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		01/30/1974	
2. City & State		27. City & State		4. FEI Number	
3. Zip		28. Zip		59-2365350	
4. Country		29. Country		5. Certificate of Status Desired <input type="checkbox"/>	
25		29		\$8.75 Additional Fee Required	
30		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

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

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTINE, DEWEY LAMAR	1.2 NAME	
STREET ADDRESS	CEDAR ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OLD TOWN FL	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOM, KAREN	2.2 NAME	
STREET ADDRESS	HC 04 BOX 563 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	OLD TOWN FL	2.4 CITY-ST-ZIP	
TITLE	RED <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURST, JAMES	3.2 NAME	
STREET ADDRESS	CHAIRES ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CROSS CITY FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Karen Broom* **SIGNATURE REQUIRED** *Karen Broom* 2/10/99 352-498-1346
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)