

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704029

1. Entity Name

CALVARY BAPTIST CHURCH OF ARCADIA FLORIDA, INC.

Principal Place of Business

1509 E OAK STREET  
ARCADIA FL 34266  
US

Mailing Address

1509 E OAK STREET  
ARCADIA FL 34266  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1445575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARKHAM, DEBBIE  
207 SMITH AVE  
ARCADIA FL 34266

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Delete  
NAME HOLLINGSWORTH, TOM  
STREET ADDRESS REUBEN RD  
CITY-ST-ZIP ARCADIA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME MCVEY, JIM  
STREET ADDRESS THOMAS RD  
CITY-ST-ZIP ARCADIA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HARTLEY, WADE  
STREET ADDRESS 9299 LIPE RD.  
CITY-ST-ZIP ARCADIA FL 33821

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FUSSELL, LEOTA  
STREET ADDRESS RT. 9 BOX 3679 N/A  
CITY-ST-ZIP ARCADIA FL 33821

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CARLTON, MELVIN  
STREET ADDRESS S AIRPORT RD  
CITY-ST-ZIP NOCATEE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Debbie Markham

4/30/01

863 494-2220

FILED  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90361 014 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)