

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 704029

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: CALVARY BAPTIST CHURCH OF ARCADIA FLORIDA, INC.

Current Principal Place of Business:

1509 E OAK STREET
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

1509 E OAK STREET
ARCADIA, FL 34266 US

New Mailing Address:

FEI Number: 59-1445575 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MARKHAM, DEBBIE
207 SMITH AVE
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: HOLLIINGSWORTH, TOM
Address: REUBEN RD
City-St-Zip: ARCADIA, FL

Title: SD () Delete
Name: MCVEY, JIM
Address: THOMAS RD
City-St-Zip: ARCADIA, FL

Title: D () Delete
Name: HARTLEY, WADE,
Address: 9299 LIPE RD.
City-St-Zip: ARCADIA, FL 33821

Title: D (X) Delete
Name: FUSSELL, LEOTA,
Address: RT. 9 BOX 3679 N/A
City-St-Zip: ARCADIA, FL 33821

Title: D () Delete
Name: CARLTON, MELVIN,
Address: S AIRPORT RD
City-St-Zip: NOCATEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: HOLLIINGSWORTH, TOM
Address: 4451 SE COUNTY RD 760
City-St-Zip: ARCADIA, FL 34266 US

Title: SD (X) Change () Addition
Name: MCVEY, JIM
Address: 803 N LEE AVE
City-St-Zip: ARCADIA, FL 34266 US

Title: D (X) Change () Addition
Name: HARTLEY, WADE
Address: 9299 LIPE RD.
City-St-Zip: ARCADIA, FL 34266 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CARLTON, MELVIN
Address: S AIRPORT RD
City-St-Zip: NOCATEE, FL 34268 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS HOLLINGSWORTH

VD

04/29/2002

Electronic Signature of Signing Officer or Director

Date