

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 709978**

1. Entity Name

CALVARY ASSEMBLY OF GOD CHURCH, INC.**FILED**
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90170 045 ****61.25

0013803

Principal Place of Business

**3800 RECKER HIGHWAY
WINTER HAVEN FL 33880**

Mailing Address

**3800 RECKER HIGHWAY
WINTER HAVEN FL 33880**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1658474**Applied For
Not Applicable

Zip

Country

Zip

Country

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

**ROGERS, CLIFFORD
45 SPIRIT LAKE ROAD
WINTER HAVEN FL 33880**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
min. will be \$236.25.**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
NAME **VP**
STREET ADDRESS **ALLISON, CLARENCE**
CITY-ST-ZIP **105 HOMEWOOD DR
WINTER HAVEN FL 33880** ☐ DeleteTITLE
NAME **D**
STREET ADDRESS **FOUNTAIN, IKE**
CITY-ST-ZIP **340 E SWOOPE ST
LAKE ALFRED FL 33850** ☐ DeleteTITLE
NAME **TD**
STREET ADDRESS **OVERSTREET, TRACY**
CITY-ST-ZIP **1840 15TH CT., N.W.
WINTER HAVEN FL** ☒ DeleteTITLE
NAME **D**
STREET ADDRESS **MILLER, DENNIS**
CITY-ST-ZIP **114 TEMPLE ST
WINTER HAVEN FL 33880** ☐ DeleteTITLE
NAME **DS**
STREET ADDRESS **NICELY, JEFF**
CITY-ST-ZIP **3501 FDC GROVE RD
DAVENPORT FL 33837** ☐ DeleteTITLE
NAME **D**
STREET ADDRESS **WHITTENTON, DAN**
CITY-ST-ZIP **11 LAKE ARROWHEAD DR
WINTER HAVEN FL 33880** ☐ DeleteTITLE
NAME **TD**
STREET ADDRESS **Jeff Castleberry**
CITY-ST-ZIP **930 Lake Elbert Dr. SE
Winter Haven, FL 33880** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

7/2/02

863-294-5710

CR2E037 (4/02)