

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713563

1. Entity Name

CALVARY BAPTIST CHURCH, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90130 046 ****61.25

Principal Place of Business

Mailing Address

631 S. DILLARD STREET
 WINTER GARDEN FL 34787

631 S. DILLARD STREET
 WINTER GARDEN FL 34787-3902
 3949

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

59-0969189

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

LEMP, DR. REYNOLD G.
 270 TEMPLE GROVE DR
 WINTER GARDEN FL 32787

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: VTD Delete
 NAME: MOSES, DAVID
 STREET ADDRESS: 302 PENNSYLVANIA AVENUE
 CITY-ST-ZIP: WINTER GARDEN FL 34787

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

TITLE: PD Delete
 NAME: LEMP, REYNOLD
 STREET ADDRESS: 270 TEMPLE GROVE DRIVE
 CITY-ST-ZIP: WINTER GARDEN FL

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

TITLE: SD Delete
 NAME: MILLER, DARRIN
 STREET ADDRESS: 1048 SPRING LANDING DRIVE
 CITY-ST-ZIP: WINTER GARDEN FL 34787

TITLE: SD Change Addition
 NAME: BRACEWELL, MARK
 STREET ADDRESS: 323 SABINAL STREET
 CITY-ST-ZIP: OCOEE, FL 34761

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Required

Date

Daytime Phone #

1-19-00 407-656-3801

CR2E037 (9/99)