

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**

07-25-2003 90088 002 \*\*\*\*61.25

**DOCUMENT # 716756**



1. Entity Name  
**CALVARY BAPTIST CHURCH OF BRADENTON, INC.**

Principal Place of Business  
**3006 9TH AVENUE WEST  
BRADENTON FL 34205**

Mailing Address  
**3006 9TH AVENUE WEST  
BRADENTON FL 34205**

**55053607**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-0737861</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>HAMRICK, MICHAEL 7002 23RD AVE., W. BRADENTON FL 34209</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>After September 10, 2003, min will be \$236.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOYES, SCOTT</b>		NAME	<b>Graybell, Scott</b>	
STREET ADDRESS	<b>207 23RD ST WEST</b>		STREET ADDRESS	<b>517 24th Av W</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>		CITY-ST-ZIP	<b>Bradenton, FL 34205</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRAY, EDGAR N</b>		NAME	<b>Kiester, Brian</b>	
STREET ADDRESS	<b>29 WOOD OWL AVE</b>		STREET ADDRESS	<b>5510 10th Av. Dr. W.</b>	
CITY-ST-ZIP	<b>ELLENTON FL 34222</b>		CITY-ST-ZIP	<b>Bradenton, FL 34209</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMILDE, JOHN</b>		NAME		
STREET ADDRESS	<b>9108 17TH DR. NW</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>		CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRONKHITE, DAVID</b>		NAME		
STREET ADDRESS	<b>4816 29TH AVE DR W.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOTT, BO</b>		NAME		
STREET ADDRESS	<b>5113 15TH AVE W</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED 7/22/2003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)