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

DOCUMENT # 734892

1. Entity Name*

CALVARY BAPTIST CHURCH OF MACCLENNY, FLA., INC.



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90076 029 ****61.25

Principal Place of Business PO BOX 422 523 NORTH BLVD. MACCLENNY FL 32063		Mailing Address P O BOX 422 523 NORTH BLVD. MACCLENNY FL 32063						
2. Principal Place of Business 3.		3. Mailing Address					11111 1421	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		 ✓c	CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-		App	olied For Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta		8.75 Addi ee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Registered A	gent		
RT 2 BOX	DONNIE E 2454 BIG BEAT LANE NT MARY FL 32040		Street Ado	dress (P.O. Box Number is N	ot Acceptable)			
			City		FL	Zip Code	;	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered 9. Election Campaign F Trust Fund Contribut				\$5.00 May Be Added to Fees	\$5.00 May Be Make Check Payable to			
10,	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIF	RECTORS IN	10	
TITLE NAME STREET ADDRESS	PD WILLIAMS, DONNIE E RT2 BOX 2454 GLEN SAINT MARY FL 32040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7377 Big (Glenst.	Bear Lane MARY FL 320	Change	Addition	
TITLE NAME	D KEENE, V H JR HI LLCREST DR RT 1 MA CCLENNY, FL 000 00	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7322 Juni MACCLEA		,3	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ORBERG, JOHN W 70 6.SHORT PUTT DRIV E MA CCLENNY, FLORIDA 0000 0	☐ Delete	NAME	7397 Juni	•	- onengo	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLSTEDT, RICHARD RT: 1 BOX 933 MACCLENNY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8559 E. Be	NROWE C	irele	☐ Addition	
TITLE NAME STREET ADDRESS	MACCLEMNT TL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		enny, F- 320	☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ad in Segtion 119 07/2Vi) El		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. DONNIE E. Williams PR 1-5-03 2594529 **SIGNATURE:**