2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 735254 Mar 28, 2000 8:00 am 1. Entity Name **Secretary of State** CALVARY ASSEMBLY OF GOD OF ORMOND BEACH, FLORIDA 03-28-2000 90087 012 ****61.25 Mailing Address Principal Place of Business 1687 W. GRANADA BLVD. 1687 W. GRANADA BLVD. ORMOND BEACH FL 32174-6709 ORMOND BEACH FL 32174-1801 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1647066 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RALEY, JIM 10 SOUTHERN TRACE BLVD ORMOND BEACH FL 32174 City Zip Code FL 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ☐ Addition CR2E037 (9/99 PD TITLE ☐ Delete RALEY, JIM NAME NAME STREET ADDRESS STREET ADDRESS 10 SOUTHERN TRACE BLVD CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL ☐ Change Addition Delete TITLE TITLE VD BALLARD, MACK NAME NAME STREET ADDRESS STREET ADDRESS 104 MUIRFIELD DR CITY-ST-ZIP CITY-ST-ZIP DAYTONA BCH-FL ☐ Chande ☐ Addition TSD TITLE ☐ Delete TITLE MARCUM, MARLIN NAME NAME STREET ADDRESS STREET ADDRESS 1931 S PENINSULA DR CITY-ST-7/P CITY-ST-ZIP DAYTONA BEACH FL ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS 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.

March 23, 2000

Date

904-672-5571

Daytime Phone #