

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000003290**

1. Entity Name  
 CALVARY ASSEMBLY OF GOD OF ST. AUGUSTINE INC.

Principal Place of Business 2806 N. 5TH ST.  ST. AUGUSTINE FL 32095	Mailing Address 2806 N. 5TH ST.  ST. AUGUSTINE FL 32095
--	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
--	--	---------	---------

4. FEI Number  
**59-3302930**

Applied For	Not Applicable
-------------	----------------

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CLARKE DOUGLAS P  
 1951 RYAN RD.  
  
 ST. AUGUSTINE FL 32092 US

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE **04/23/2001**

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

TITLE	SD <input type="checkbox"/> Delete
NAME	JOHNSON CHARLES
STREET ADDRESS	12 ATLANTIC AVE.
CITY-ST-ZIP	ST. AUGUSTINE FL 32095
TITLE	VD <input type="checkbox"/> Delete
NAME	RUGGERI JOHN
STREET ADDRESS	604 STAFFORD
CITY-ST-ZIP	ST. AUGUSTINE FL 32086
TITLE	PD <input type="checkbox"/> Delete
NAME	CLARKE DOUGLAS P
STREET ADDRESS	1951 RYAN RD.
CITY-ST-ZIP	ST. AUGUSTINE FL 32092
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:** Douglas P. Clarke PD 04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)