

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44331

1. Entity Name

CALVARY UNITED METHODIST CHURCH, INC.

Principal Place of Business

112 BLANDING BOULEVARD
ORANGE PARK FL 32073

Mailing Address

112 BLANDING BOULEVARD
ORANGE PARK FL 32073

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

59-2267669

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MCCLEES, CURTIS R
2506 WINWOOD LN
ORANGE PARK FL 32073

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

CURTIS R. MCCLEES 3/19/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
MCCLEES, CURTIS
2506 WINDWOOD LN
ORANGE PARK FL 32073 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
BLYMILLER, WALTER
9010 WINDING VINE DR W
JACKSONVILLE FL 32244 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
CORNELL, WILLIAM
4897 TORRINGTON PL
JACKSONVILLE FL 32257-4578 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
LANE, BARBARA
312 EDOMBIRGJ ;M
ORANGE PARK FL 32073-4231 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
LANE, BARBARA
312 EDINBURGH LN
ORANGE PARK, FL 32073-4231 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
DE HART, DAN
363 BLAIRMORE BLVD W
ORANGE PARK FL 32073-4203 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
BARLOW, ALLEN
410 GANO AVE
ORANGE PARK FL 32073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CURTIS R. MCCLEES

04/02/01

Date

(904) 272-4210

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90091 023 ****61.25

LUU42326



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)