

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90093 002 ****61.25

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**

11008699



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2267669**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MCCLEES, CURTIS R
2506 WINWOOD LN
ORANGE PARK FL 32073**

Name

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

2506 WINDWOOD LN

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **TR** ☐ Delete
NAME **SEYMOUR, ROBERT**
STREET ADDRESS **177 GREENWOOD LANE WEST**
CITY-ST-ZIP **MIDDLEBURG FL 32068-4020**

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

TITLE **TR** ☐ Delete
NAME **HALE, RONALD**
STREET ADDRESS **591 CHARLES CARROLL STREET**
CITY-ST-ZIP **ORANGE PARK FL 32073-5040**

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

TITLE **TR** ☐ Delete
NAME **MALONE, JOSEPH**
STREET ADDRESS **8362 ARGYLE CORNERS COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

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

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

TITLE **TR** ☐ Change ☒ Addition
NAME **MAYNARD COX**
STREET ADDRESS **198 VENUS LN**
CITY-ST-ZIP **ORANGE PARK, FL 32073-2431**

TITLE **TR** ☒ Delete
NAME **LONG, CARSWELL**
STREET ADDRESS **2020 SOUTH SUSSEX DRIVE**
CITY-ST-ZIP **ORANGE PARK FL 32073-5923**

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

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: **CURTIS MCCLEES**
Trustee Chair 4/24/03 804-272-4240

CR2E037 (10/02)