

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90046 048 ****61.25

0079040

DOCUMENT # N97000000716

1. Entity Name

CALVARY CHAPEL OF OCALA, INC.

Principal Place of Business

**300 S.E. 1ST AVENUE
 OCALA FL 34481**

Mailing Address

**P.O. BOX 6646
 OCALA FL 34478**

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

59-3426713

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

**BERRIOS, EDWIN R
 6353 N.W. 64TH TERRACE
 OCALA FL 34482**

7. Name and Address of New Registered Agent

Name **RODNEY E. EWING**

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

300 S.E. 1ST AVENUE

City

DUNNELLON OCALA

FL

Zip Code

34471

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

Rodney E. Ewing, President

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LUTES, ALAN	
STREET ADDRESS	18701 S.W. 57TH PLACE	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	EWING, RODNEY	
STREET ADDRESS	1651 S. PRESCOTT AVE.	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BERRIOS, EDWIN R	
STREET ADDRESS	6353 NW 64TH TERRACE	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSADO, ISRAEL	
STREET ADDRESS	22408 OVERTURE CR.	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODNEY E. EWING	
STREET ADDRESS	300 S.E. 1ST AVE.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT TYSON	
STREET ADDRESS	13870 S.W. 80TH ST.	
CITY-ST-ZIP	DUNNELLON FL 34432	
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)(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:

Rodney E. Ewing **RODNEY E. EWING**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/01

Date

(352) 245-4172

Daytime Phone #

CR2E037 (10/00)