

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90017 011 \*\*\*\*61.25

0076860

**DOCUMENT # 702390**

1. Entity Name

**CALVARY GRACE CHRISTIAN CHURCH OF FAITH, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 606  
LAUREL FL 34272P.O. BOX 606  
LAUREL FL 34272

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1972533**

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

**MALLET, REV. SABRA**  
**606 DRAWER**  
**LAUREL FL 33545**

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

**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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD THOMAS, REV. ALDEN 606 DRAWER LAUREL FL		<input type="checkbox"/>			<input type="checkbox"/>
VD PARSONS, G 606 DRAWER LAUREL FL		<input type="checkbox"/>			<input type="checkbox"/>
SD MALLET, REV. SABRA 606 DRAWER LAUREL FL		<input type="checkbox"/>			<input type="checkbox"/>
TD LIADTHE, KATHRYN REV 606 DRAWER LAUREL FL		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>

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: **R. W. G. N. T. M.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)