

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705594

1. Entity Name

CALVARY BAPTIST CHURCH, INC., OF PALM BEACH COUN

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90007 039 ****61.25

Principal Place of Business

Mailing Address

2390 SOUTH MILITARY TRAIL
WEST PALM BEACH FL 33415

4900 SUMMIT BLVD.
WEST PALM BEACH FL 33415-3856

2. Principal Place of Business

3. Mailing Address

4900 Summit Blvd.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

Name

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

City

FL

Zip Code

SPEER, W M ESQ
450 ROYAL PALM WAY STE. 401
PALM BEACH FL 33480

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.

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\$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
D	RYAN, WILLIAM	4323 FOREST LANE	WEST PALM BEACH FL 33406	<input type="checkbox"/>
D	JOHNSON, DAN	249 MARTIN AVE.	GREERNAERES FL 33463	<input type="checkbox"/>
T	CHILDERS, ROY	2820 WATERS EDGE CIRCLE	W.PALM BCH. FL	<input checked="" type="checkbox"/>
D	BONO, PETER	352 SANDPIPER AVE	ROYAL PALM BEACH FL 33441	<input checked="" type="checkbox"/>
D	ENOCHS, LARRY	1189 SUNSET RD	WEST PALM BEACH FL 33406	<input type="checkbox"/>
D	GARD, JOHN	3227 PEBBLE BEACH DR	LAKE WORTH FL 33467	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	ORBIANT WRIGHT, LAWSON A	8113 NORTHBORO CT	LAKE CLARK SHORES, FL 33406	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	ALBERTA DEACON ALAIN NADBAU	145 SE 9TH AVE	BOYNTON BEACH, FL 33435	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	DEACON DALE SHEARRA	287 FOREST ESTATES DRIVE	WEST PALM BEACH, FL 33415	<input type="checkbox"/>	<input checked="" 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:

LARRY ENOCHS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/30/00 561-686-8081 x318

CF2E037 (9/99)