

DOCUMENT # 707425

1. Entity Name

CALVARY CHURCH OF THE OPEN BIBLE OF TAMPA, FLORD

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90051 033 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6018 N. CHURCH AVE.
TAMPA FL 33614

6018 N. CHURCH AVE.
TAMPA FL 33614-5602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1308766

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Input box

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAGLOTT, JOHN W
6414 TOWN N' COUNTRY BLVD
TAMPA FL 33615

Name

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

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.

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.

Input box

\$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 PD
NAME MAGLOTT (REV. JOHN W.)
STREET ADDRESS 6414 TOWN N' CONUTRY BLVD
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME FORSYTHE, MARY
STREET ADDRESS 5410 FOREST HILLS DRIVE
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME FAZIO, JOSEPHINE
STREET ADDRESS 14920 ROCKY LEDGE DR
CITY-ST-ZIP TAMPA FL 33525

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME LENNARD, BETTY
STREET ADDRESS 3905 W SLIGH AVE
CITY-ST-ZIP TAMPA FL 33124

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME GERVAIS, ERNEST
STREET ADDRESS 5535 PENTAIL CIR
CITY-ST-ZIP TAMPA FL 33525

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ERWIN, SUE
STREET ADDRESS 4314 ZELAR ST
CITY-ST-ZIP TAMPA FL 33629

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Handwritten signatures and dates: Betty Lennard, Feb. 6, 2000, 813-884-6791

CR2E037 (9/99)