

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714398

1. Entity Name

CALVARY CHAPEL FREWILL BAPTIST CHURCH, INC.

Principal Place of Business

8530 STIRLING ROAD
HOLLYWOOD FL 33024

Mailing Address

8530 STIRLING ROAD
HOLLYWOOD FL 33024-8212

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

59-1447539

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

THOMAS, DAVID
8530 STIRLING RD.
HOLLYWOOD FL 33024

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. ☐

\$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 ☒ Delete
NAME ~~GARNER, JOHN~~
STREET ADDRESS ~~9020 S.W. 34TH ST.~~
CITY-ST-ZIP ~~COOPER CITY FL~~

TITLE ☐ Change ☒ Addition
NAME Thomas David
STREET ADDRESS 8530 Stirling Rd
CITY-ST-ZIP Hollywood, FL 33024

TITLE ☐ Delete
NAME HARBECK, DIANE
STREET ADDRESS 18252 NW 15TH CT
CITY-ST-ZIP PEMBROKE PINES FL

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

TITLE ☐ Delete
NAME ALLEN, KEVIN
STREET ADDRESS 650 NW 65TH TERR
CITY-ST-ZIP MARGATE FL

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

TITLE ☐ Delete
NAME HERL, JOHN
STREET ADDRESS 5124 S.W. 93 AVE.
CITY-ST-ZIP COOPER CITY FL

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

TITLE ☐ Delete
NAME BOLTA, JAMES
STREET ADDRESS 9100 SW 55 ST.
CITY-ST-ZIP COOPER CITY FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90109 049 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)