

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90482 022 ****61.25

DOCUMENT # 714398

1. Entity Name
CALVARY CHAPEL FREEWILL BAPTIST CHURCH, INC.



Principal Place of Business

**8530 STIRLING ROAD -
HOLLYWOOD FL 33024**

Mailing Address

**8530 STIRLING ROAD
HOLLYWOOD FL 33024**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete
NAME	THOMAS, DAVID	
STREET ADDRESS	8530 STIRLING RD	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	T	☐ Delete
NAME	HARBECK, DIANE	
STREET ADDRESS	18252 NW 15TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	☐ Delete
NAME	ALLEN, KEVIN	
STREET ADDRESS	650 NW 65TH TERR	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	☐ Delete
NAME	HERL, JOHN	
STREET ADDRESS	5124 S.W. 93 AVE.	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	S	☐ Delete
NAME	BOLTA, JAMES	
STREET ADDRESS	9100 SW 55 ST.	
CITY-ST-ZIP	COOPER CITY FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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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]* **RECEIVED** **T** **3/16/03** **954431-1168**

CR2E037 (10/02)