

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90115 032 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 721904

1. Entity Name
CALVARY CHURCH OF SEBRING, FLORIDA, INC.

Principal Place of Business Mailing Address

**1825 HAMMOCK RD.
 SEBRING FL 33872** **1825 HAMMOCK RD.
 SEBRING FL 33872-4445**

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 Applied For

59-2311631 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**OSBECK, LESTER
 1825 HAMMOCK RD.
 SEBRING FL 33872**

7. Name and Address of New Registered Agent

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 _____ (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	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLES, FORREST	NAME	
STREET ADDRESS	302 CORVETTE AVE.	STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33872	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISH, HARRY	NAME	Robert Stokes
STREET ADDRESS	2205 W. BARBADOS AVE.	STREET ADDRESS	318 Jay Ave
CITY-ST-ZIP	SEBRING FL	CITY-ST-ZIP	Sebring, FL 33872
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEVES, DEBBY	NAME	
STREET ADDRESS	3715 GATOR RD.	STREET ADDRESS	
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, HAZEL	NAME	
STREET ADDRESS	4135 SELAH RD	STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARKINS, CLARANCE	NAME	
STREET ADDRESS	9614 DEER RD	STREET ADDRESS	
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Lester Osbeck **January 15, 2000** **(863) 386-4900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)