

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2001 8:00 am**  
**Secretary of State**

02-14-2001 90009 040 \*\*\*\*61.25

**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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2311631**

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

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

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

*Lester Osbeck*

*Feb 11, 2001*

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 NAME **CD ROWLES, FORREST**  Delete  
 STREET ADDRESS **302 CORVETTE AVE.**  
 CITY-ST-ZIP **SEBRING FL 33872**

TITLE NAME **Bob Metzger** *Chairman*  Change  Addition  
 STREET ADDRESS **3503 Delaware St**  
 CITY-ST-ZIP **Sebring, FL 33872**

TITLE NAME **D STOKES, ROBERT**  Delete  
 STREET ADDRESS **318 JAY AVE**  
 CITY-ST-ZIP **SEBRING FL**

TITLE NAME **James White** *vice chairman*  Change  Addition  
 STREET ADDRESS **3925 Cormorant Pt Dr**  
 CITY-ST-ZIP **Sebring, FL 33872**

TITLE NAME **S REEVES, DEBBY**  Delete  
 STREET ADDRESS **3715 GATOR RD.**  
 CITY-ST-ZIP **ZOLFO SPRINGS FL 33890**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME **T ELLIS, HAZEL**  Delete  
 STREET ADDRESS **4135 SELAH RD**  
 CITY-ST-ZIP **SEBRING FL**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME **D LARKINS, CLARANCE**  Delete  
 STREET ADDRESS **9614 DEER RD**  
 CITY-ST-ZIP **ZOLFO SPRINGS FL 33890**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 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:

*Lester Osbeck*

*Feb 11, 2001 (863) 386-4900*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)