

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-31-2002 90001 036 ****61.25

DOCUMENT # 721904
 1. Entity Name
CALVARY CHURCH OF SEBRING, FLORIDA, INC.

Principal Place of Business Mailing Address
1825 HAMMOCK RD. **1825 HAMMOCK RD.**
SEBRING FL 33872 **SEBRING FL 33872**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

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
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 Lester Osbeck Lester Osbeck DATE 1-14-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

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

TITLE <input checked="" type="checkbox"/> Delete	CD ROWLES, FORREST 302 CORVETTE AVE. SEBRING FL 33872
TITLE <input checked="" type="checkbox"/> Delete	D STOKES, ROBERT 318 JAY AVE SEBRING FL
TITLE <input type="checkbox"/> Delete	REEVES, DEBBY 3715 GATOR RD. ZOLFO SPRINGS FL 33890
TITLE <input type="checkbox"/> Delete	ELLIS, HAZEL 4135 SELAH RD SEBRING FL
TITLE <input type="checkbox"/> Delete	D LARKINS, CLARANCE 9614 DEER RD ZOLFO SPRINGS FL 33890
TITLE <input type="checkbox"/> Delete	Charlotte Clarkins 9614 Deer Rd Zolfo Springs Fl. 33890

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S Lillian Blackburn 1209 Circle Dr. Sebring Fl. 33872
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Charlotte Clarkins 9614 Deer Rd Zolfo Springs, Fl. 33852
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	T James White 3925 Cormorant Pt. Dr. Sebring, Fl. 33872
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Robert Metzger 3503 Delaware Ave Sebring, Fl. 33872
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Lester Osbeck 1801 Colmar Ave Sebring, Fl. 33870
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	_____

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 Lester Osbeck Date 1-14-02 Daytime Phone # 863-386-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/01)