

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725846

1. Entity Name

CALVARY PRESBYTERIAN CHURCH (U.S.A.), AT ORLANDO  
FLORIDA, INC.

Principal Place of Business

1100 LEE RD.  
ORLANDO FL 32810

Mailing Address

1100 LEE RD.  
ORLANDO FL 32810

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

59-1304398

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DALTON, TOM  
1315 CARLSON DR  
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name ALBERT, GREG  
Street Address (P.O. Box Number is Not Acceptable)  
1100 LEE RD  
City Orlando FL Zip Code 32810

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

GREG ALBERT GREG ALBERT

4/21/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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

TITLE VD  
NAME KEITH, LLOYD CLEMENTS ☐ Delete  
STREET ADDRESS 2916 PEMBROOK DRIVER  
CITY-ST-ZIP ORLANDO FL 32810

TITLE SD  
NAME RADFORD, MARTHA ☒ Delete  
STREET ADDRESS 712 ALBA DRIVE  
CITY-ST-ZIP ORLANDO FL 32804

TITLE PD  
NAME DALTON, TOM ☒ Delete  
STREET ADDRESS 1315 CARLSON DRIVE  
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE SD  
NAME Kidd, Steve ☐ Change ☒ Addition  
STREET ADDRESS 1927 Lost Pine Lane  
CITY-ST-ZIP Apopka, FL 32712

TITLE PD  
NAME McAdams, Jack R. ☐ Change ☒ Addition  
STREET ADDRESS 315 HERMITS TRAIL  
CITY-ST-ZIP ALTAMONTE, SPGS FL 32701

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

TITLE ☐ Change ☐ Addition  
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:

JACK R. McAdams JACK R. McAdams 4/21/2002 407-834-9554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 29, 2002 8:00 am  
Secretary of State

05-05-2002 90029 038 \*\*\*\*61.25

87149



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)