

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90012 005 ****61.25

DOCUMENT # 727930

1. Entity Name

CALVARY PRESBYTERIAN CHURCH, A CONGREGATION OF T

Principal Place of Business

814 N GADSDEN STREET
 TALLAHASSEE FL 32303
 US

Mailing Address

814 N GADSDEN STREET
 TALLAHASSEE FL 32303
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3015759

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOSTER, RUSSELL S
2010 BEAVER CREEK DRIVE
HAVANA FL 32333

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 _____

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	T	<input type="checkbox"/> Delete
NAME	SCHANS, STEVE	
STREET ADDRESS	1778 LA FRANCE TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DOSTER, RUSSELL	
STREET ADDRESS	2010 BEAVER CREEK DR	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOBBS, WILLIAM	
STREET ADDRESS	375 ROB ROY TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ANDREWS, MIKE	
STREET ADDRESS	1990 BEAVER CREEK DR	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASON, RAY	
STREET ADDRESS	4030 TIMBER RUN	
CITY-ST-ZIP	HAVANA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, RAYMOND	
STREET ADDRESS	1336 TIMBER RUN	
CITY-ST-ZIP	HAVANA, FL 32333	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-17-01 850-566-6203

CR2E037 (10/00)