

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90150 028 ****61.25

DOCUMENT # 727930



1. Entity Name
**CALVARY PRESBYTERIAN CHURCH, A CONGREGATION OF THE
ORTHODOX PRESBYTERIAN CHURCH, INCORPORATED.**

Principal Place of Business Mailing Address
814 N GADSDEN STREET 814 N GADSDEN STREET
TALLAHASSEE FL 32303 TALLAHASSEE FL 32303
US US

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 **59-3015759** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DOSTER, RUSSELL S
2010 BEAVER CREEK DRIVE
HAVANA FL 32333

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	T SCHANS, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS	1778 LA FRANCE TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE NAME	DP DOSTER, RUSSELL	<input type="checkbox"/> Delete
STREET ADDRESS	2010 BEAVER CREEK DR	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE NAME	D HOBBS, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	375 ROB ROY TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE NAME	DS ANDREWS, MIKE	<input type="checkbox"/> Delete
STREET ADDRESS	1990 BEAVER CREEK DR	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE NAME	D MASON, RAY	<input type="checkbox"/> Delete
STREET ADDRESS	1336 TIMBER RUN	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Hobbs, William	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7235 Old Chemonia Court	
CITY-ST-ZIP	Tallahassee FL 32309	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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 [] empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1-13-03 **850-386-8888**

CR2097 (10/02)