

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90220 017 \*\*\*\*61.25

**DOCUMENT # 729006**

1. Entity Name

**CALVARY INDEPENDENT BAPTIST CHURCH, INC.**

Principal Place of Business

**529 CLIFFORD STREET  
 FT. WALTON BEACH FL 32547-3137**

Mailing Address

**529 CLIFFORD STREET  
 FT. WALTON BEACH FL 32547-3137**

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

**59-1506837**

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

**LAPEE, MYRLE  
 411 YANCEY ST  
 FT. WALTON BEACH FL 32548**

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 NAME	<b>D</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>SMITH, JOSEPH S. 531 CLIFFORD STREET FT WALTON BEACH, FL00000 32547</b>	
TITLE NAME	<b>VTD</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>LAPEE, MYRLE 411 YANCEY STREET FT. WALTON BEACH FL 32547</b>	
TITLE NAME	<b>TD</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>SOWELL, DOYLE 819 VALPARAISO BLVD NICEVILLE FL 32578</b>	
TITLE NAME		<input type="checkbox"/> Delete
TITLE NAME		<input type="checkbox"/> Delete
TITLE NAME		<input type="checkbox"/> Delete

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
TITLE NAME	<b>VT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>LaPee, Myrle 411 Yancey St. Ft. Walton Beach, FL 32547</b>	
TITLE NAME	<b>DS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>Larry Randolph 11 Pryor Rd. Ft. Walton Beach, FL 32548</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<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:

*Signature of Joseph S. Smith*  
**JOSEPH S. SMITH**

2/6/01 850-862-5389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)