

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 731672**

1. Entity Name

**CALVARY TEMPLE OF TEMPLE TERRACE, INCORPORATED**

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90232 037 \*\*\*\*61.25

Principal Place of Business

Mailing Address

8610 TEMPLE TERR. HWY  
 P.O. BOX 16889  
 TEMPLE TERRACE FL 33687  
 US

8610 TEMPLE TERR. HWY  
 P.O. BOX 16889  
 TEMPLE TERRACE FL 33637-5812  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6159374**

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

**BROOKS, KAYE**  
**8610 TEMPLE TERRACE HIGHWAY**  
**TAMPA FL 33637**

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  Delete  
 NAME **PD BROOKS, DALE A.**  
 STREET ADDRESS **17613 ESPIRIT DR.**  
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPD BROOKS, C.L.**  
 STREET ADDRESS **1102 WEST RIVER DRIVE**  
 CITY-ST-ZIP **TAMPA FL 33617**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SDT BROOKS, KAYE**  
 STREET ADDRESS **17613 ESPIRIT DR.**  
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D MORRIS, WILLIAM F.**  
 STREET ADDRESS **2215 SHADEHILL COURT**  
 CITY-ST-ZIP **TAMPA FL 33612**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D WERLY, ALBERT C.**  
 STREET ADDRESS **8229 132ND ST. N.**  
 CITY-ST-ZIP **SEMINOLE FL 34646**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

1-13-00 813-980-3552  
 Date Daytime Phone #

CR2E037 (9/99)