

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90071 006 ****61.25

DOCUMENT # 731672

1. Entity Name

CALVARY TEMPLE OF TEMPLE TERRACE, INCORPORATED

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
 US

00008545



DO NOT WRITE IN THIS SPACE

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

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	PD	<input type="checkbox"/> Delete
NAME	BROOKS, DALE A.	
STREET ADDRESS	17613 ESPIRIT DR.	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BROOKS, C.L.	
STREET ADDRESS	1102 WEST RIVER DRIVE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	BROOKS, KAYE	
STREET ADDRESS	17613 ESPIRIT DR.	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, WILLIAM F.	
STREET ADDRESS	2215 SHADEHILL COURT	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input type="checkbox"/> Delete
NAME	WERLY, ALBERT C.	
STREET ADDRESS	8229 132ND ST. N.	
CITY-ST-ZIP	SEMINOLE FL 34646	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12013 Hazen Ave (P.O. Box 1106)	
CITY-ST-ZIP	Thonotosassa, FL 33592	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12013 Hazen Ave. (P.O.Box 1106)	
CITY-ST-ZIP	Thonotosassa, FL 33592	
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		

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: *KAYE BROOKS* **1-4-01** **813-988-3557**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRP-E037 (10/00)