

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 12013 Hazen Ave (P.O. Box 1106)
CITY-ST-ZIP Thonotosassa, FL 33592

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 12013 Hazen Ave. (P.O.Box 1106)
CITY-ST-ZIP Thonotosassa, FL 33592

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

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

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

00008545



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)