

2002 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
US8610 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

Zip

Country

Zip

Country

4. FEI Number

59-6159374

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

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

Kaye Brooks
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-2002**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**
STREET ADDRESS **BROOKS, DALE A.**
CITY-ST-ZIP **12013 HAZEN AVE P.O. BOX 1106**
THONOTOSASSA FL 33592TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **BROOKS, C.L.**
CITY-ST-ZIP **1102 WEST RIVER DRIVE**
TAMPA FL 33617TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **SDT**
STREET ADDRESS **BROOKS, KAYE**
CITY-ST-ZIP **12013 HAZEN AVE P.O. BOX 1106**
THONOTOSASSA FL 33592TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **MORRIS, WILLIAM F.**
CITY-ST-ZIP **2215 SHADEHILL COURT**
TAMPA FL 33612TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **WERLY, ALBERT C.**
CITY-ST-ZIP **8229 132ND ST. N.**
SEMINOLE FL 34646TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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**1-15-2002****813-988-3557****FILED**
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90301 020 ****61.25

120231

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)