

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91079 026 ****61.25

DOCUMENT # 745457

1. Entity Name

CALVARY BAPTIST CHURCH (INDEPENDENT) OF CRYSTAL

Principal Place of Business

PO BOX 1287
 257 NE 9TH STREET
 CRYSTAL RIVER FL 34423
 US

Mailing Address

PO BOX 1287
 257 NE 9TH STREET
 CRYSTAL RIVER FL 34423
 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

59-2017360

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

MOORE, JEROME REV.
1039 N.E. 5TH AVE
CRYSTAL RIVER FL 34423

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 **DP** ☐ Delete
 NAME **MOORE, JEROME**
 STREET ADDRESS **1039 NE 5TH AVE**
 CITY-ST-ZIP **CRYSTAL RIVER, FL 00000**

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

TITLE **TD** ☐ Delete
 NAME **HOLDER, ELBERT**
 STREET ADDRESS **1 KANSAS**
 CITY-ST-ZIP **BEVERLY HILLS FL**

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

TITLE ~~D~~ ☒ Delete
 NAME ~~KIDD, CHARLES W.~~
 STREET ADDRESS ~~1601 SE 8TH AVE LOT 159~~
 CITY-ST-ZIP ~~CRYSTAL RIVER FL~~

TITLE **S** ☐ Change ☒ Addition
 NAME **LOIS KRAHENBUEHL**
 STREET ADDRESS **1851 S. HOYLAK E TER**
 CITY-ST-ZIP **LELANDO FL 34461**

TITLE **ATD** ☐ Delete
 NAME **MONTECALVO, TONY**
 STREET ADDRESS **8345 W CHARMINE**
 CITY-ST-ZIP **HOMOSASSA FL 34448**

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

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: *Lois Krahenbuehl* **LOIS KRAHENBUEHL**

5/1/01

352-795-5304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)