

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746130

1. Entity Name

CALVARY WORSHIP CENTER, INC.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90393 024 ****61.25

Principal Place of Business

500 SW BETHANY DR.
PORT ST. LUCIE FL 34986
US

Mailing Address

500 SW BETHANY DR.
PORT ST. LUCIE FL 34986
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1897100**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, THOMAS E.
500 SW BETHANY DR
PORT ST. LUCIE FL 34986

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PTT** ☒ Delete
NAME **SMITH, THOMAS E. SR.**
STREET ADDRESS **500 SW BETHANY DR**
CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

TITLE **VS** ☐ Delete
NAME **SMITH, THOMAS E SR**
STREET ADDRESS **1379 POPPY HILLS DRIVE**
CITY-ST-ZIP **BLACKICK OH 43004**

TITLE **PT** ☒ Delete
NAME **SWAD, BILL**
STREET ADDRESS **500 SW BETHANY DR**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34986**

TITLE **PT** ☐ Delete
NAME **SMITH, DAVID PAUL**
STREET ADDRESS **7364 PINE CREEK WAY**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34986**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VS** ☒ Change ☐ Addition
NAME **SMITH, THOMAS E SR**
STREET ADDRESS **500 SW BETHANY DRIVE**
CITY-ST-ZIP **PORT ST LUCIE FL 34986**

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

TITLE **PT** ☒ Change ☐ Addition
NAME **SMITH, DAVID PAUL**
STREET ADDRESS **2006 NE RIVER COURT**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **D** ☐ Change ☒ Addition
NAME **TRACY KEITH**
STREET ADDRESS **3908 SW LEESBURG STREET**
CITY-ST-ZIP **PORT ST LUCIE FL 34953**

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 an other officer empowered.

David Paul Smith

SIGNATURE:

Signature of David Paul Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

772-340-3923

Daytime Phone #

CR2E037 (10/02)