

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748791

1. Entity Name

THE CALVARY BIBLE BAPTIST CHURCH INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90203 027 ****61.25

Principal Place of Business

Mailing Address

898 S.W. 10TH STREET
P.O. BOX 2394
DELRAY BEACH FL 33444

898 S.W. 10TH STREET
P.O. BOX 2394
DELRAY BEACH FL 33444-2247

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

59-1631955

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HARRIS, CHARLOTTE L.
111 N.E. 19TH AVENUE
BOYNTON BEACH FL 33435

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 | P | <input type="checkbox"/> Delete |
| NAME | BUSBY, REV. ALBERTO F. | |
| STREET ADDRESS | 706 S.W. 23RD AVENUE | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PIERRE-LOUIS, ACES | |
| STREET ADDRESS | 512 S. "A" STREET | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ALEXANDRE, ACCENE | |
| STREET ADDRESS | 552 APT 2 "F" STREET | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | PIERRELOUIS, MARC ARTHUR | |
| STREET ADDRESS | 3480 SUMMER ST. #13 | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CELIN, JEAN D. | |
| STREET ADDRESS | 4869 JEFFERSON RD. | |
| CITY-ST-ZIP | DELRAY BEACH FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|----------------|---|
| 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 | |
| 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 | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/99)

Rev. Alberto F. Busby 1-22-2000 561 926-7211