2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 749282** Mar 02, 2000 8:00 am 1. Entity Name **Secretary of State** CALVARY TABERNACLE UNITED PENTECOSTAL CHURCH, IN 03-02-2000 90030 022 ****61.25 Principal Place of Business Mailing Address 10930 US HWY 301 N. 10930 US HWY 301 N. THONOTOSASSA FL 33592 THONOTOSASSA FL 33592-3723 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2040610 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEAMAN, CLARA P 1918 115TH AV TAMPA FL 33336 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. FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to \Box Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE TITL F BRIMMAGE, CARLTON D NAME NAME us Hwy STREET ADDRESS 17316 HANNA ROAD STREET ADDRESS ThonotosassA CITY-ST-ZIP CITY-ST-ZIP LUTZ FL ☐ Addition TD ☐ Delete TITLE TITLE LAWRENCE, CARLOS NAME NAME STREET ADDRESS 7716 SUMTER CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL STD ☐ Addition TITLE TITLE ☐ Change SEAMAN, CLARA NAME NAME STREET ADDRESS STREET ADDRESS 10930 US HWY 301 N CITY-ST-ZIP CITY-ST-ZIP THONOTOSASSA FL 33592 PCD TITLE Addition TITLE ☐ Defete Change Wolfe, James A NAME NAME STREET ADDRESS STREET ADDRESS 6916 GREENHILL PLACE CITY-ST-ZIP CITY-ST-ZIP TEMPLE TERRACE FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition SIMPSON, ROGER JR NAME NAME STREET ADDRESS STREET ADDRESS 3622 E 38TH AVENUE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.