

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 758824**

1. Entity Name

CALVARY HOLINESS CHURCH OF GOD, INC.

Principal Place of Business

**21455 NW 32ND AVE
CAROL CITY FL 33056**

Mailing Address

**21455 NW 32ND AVE
CAROL CITY FL 33056-1100**

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

59-2288813/59-2235813Applied For
Not Applicable5. 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

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

TITLE NAME ☐ Delete**PD
SANDERS, LINELL
20500 NW 23RD AVE
OPALOCKA, FL 00000**TITLE NAME ☐ Delete**T
HAMILTON, MYRA
3521 NW 206 ST
CAROL CITY FL 33056**TITLE NAME ☐ Delete**C
POMPEY, MELBA
2850 NW 209 TERR
CAROL CITY FL 33056**TITLE NAME ☐ Delete**D
SANDERS, SARAH B
20500 NW 23RD AVE
APALOCKA, FL 00000**TITLE NAME ☐ Delete**D
HAMILTON, SHADEL
3521 NW 206 ST
CAROL CITY FL 33056**TITLE NAME ☐ Delete**S
MITCHELL, TAMMY B
2850 NW 209 TERR
CAROL CITY FL 33056**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ Addition

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: *Tammy B. Mitchell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00

Date

305 624-4741

Daytime Phone #