

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90058 032 ****61.25

DOCUMENT # 758824

1. Entity Name

CALVARY HOLINESS CHURCH OF GOD, INC.

Principal Place of Business

Mailing Address

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

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

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 **59-2238813**
59-2288813

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANDERS, LINELL
 20500 NORTHWEST 23RD AVENUE
 OPALOCKA FL**

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 NAME	PD SANDERS, LINELL	<input type="checkbox"/> Delete
STREET ADDRESS	20500 NW 23RD AVE	
CITY-ST-ZIP	OPALOCKA, FL 00000	
TITLE NAME	T HAMILTON, MYRA	<input type="checkbox"/> Delete
STREET ADDRESS	3521 NW 206 ST	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE NAME	C POMPEY, MELBA	<input type="checkbox"/> Delete
STREET ADDRESS	2850 NW 209 TERR	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE NAME	D SANDERS, SARAH B	<input type="checkbox"/> Delete
STREET ADDRESS	20500 NW 23RD AVE	
CITY-ST-ZIP	APALOCKA, FL 00000	
TITLE NAME	D HAMILTON, SHADEL	<input type="checkbox"/> Delete
STREET ADDRESS	3521 NW 206 ST	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE NAME	S MITCHELL, TAMMY B	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2850 NW 209 TERR	
CITY-ST-ZIP	CAROL CITY FL 33056	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	S CONYERS, TAMMY B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2850 NW 209 TERR	
CITY-ST-ZIP	CAROL CITY, FL 33056	

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. Conyers* SIGNATURE: *TAMMY B. CONYERS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/05/01

305-624-4741

Date

Daytime Phone #

CR2E037 (10/00)