

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90137 035 ****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

4. FEI Number

59-2233813

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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 Delete
 NAME **PD SANDERS, LINELL**
 STREET ADDRESS **20500 NW 23RD AVE**
 CITY-ST-ZIP **OPALOCKA, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T HAMILTON, MYRA**
 STREET ADDRESS **3521 NW 206 ST**
 CITY-ST-ZIP **CAROL CITY FL 33056**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **C POMPEY, MELBA**
 STREET ADDRESS **2850 NW 209 TERR**
 CITY-ST-ZIP **CAROL CITY FL 33056**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SANDERS, SARAH B**
 STREET ADDRESS **20500 NW 23RD AVE**
 CITY-ST-ZIP **APALOCKA, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HAMILTON, SHADEL**
 STREET ADDRESS **3521 NW 206 ST**
 CITY-ST-ZIP **CAROL CITY FL 33056**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S CONYERS, TAMMY B**
 STREET ADDRESS **2850 NW 209 TERR**
 CITY-ST-ZIP **CAROL CITY FL 33056**

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 all other like empowered.

SIGNATURE: TAMMY B. CONYERS SIGNATURE REQUIRED TAMMY B. CONYERS

04-19-02

305 624-4741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)