

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90182 048 ****61.25

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

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

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* 4/13/03 3056244741

CR2E037 (10/02)