

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764159

1. Entity Name

CALVARY APOSTOLIC FAITH CHURCH INC.

FILED

May 28, 2002 8:00 am  
Secretary of State

05-28-2002 91503 031 \*\*\*\*70.00

Principal Place of Business

1204-124TH AVE. EAST  
TAMPA FL 33612

Mailing Address

P.O. BOX 44716  
TAMPA FL 33647  
US

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

59-2169567

Applied For

Not Applicable

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

PORTER, FRED L.  
18002 RICHMOND PL. DR.  
APT. 726  
TAMPA FL 33642

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 PORTER, FRED L.  
STREET ADDRESS 10107 LANTANA AVE  
CITY-ST-ZIP TAMPA FL 33612

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME V  
NAME PORTER, PHILLIP C  
STREET ADDRESS 6311 W PARIS ST  
CITY-ST-ZIP TAMPA FL 33634

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
NAME MONTGOMERY, WINFRED  
STREET ADDRESS 2119 WISHING WELL WAY  
CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
NAME DAVIS, DAWN  
STREET ADDRESS 10229-57 WAY NORTH  
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
NAME AUTRY, ISAIAH ELDER  
STREET ADDRESS 406 W. FRANCIS ST.  
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
NAME DAVIS, MICHAEL ELDER  
STREET ADDRESS 10229-57TH WAY NORTH  
CITY-ST-ZIP PINELLAS PARK FL 33782

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/05/02 813-9445113

CR2E037 (9/01)