2000 UNIFORM BUSINESS REPORT (UBR)

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ith all other like empowered.

FILED DOCUMENT # **764183** May 19, 2000 8:00 am Secretary of State CALVARY COMMUNITY CHURCH OF SARASOTA, INC. 05-19-2000 90181 027 ****61.25 Principal Place of Business Mailing Address 6461 PROCTOR RD. P. O. BOX 19555 SARASOTA FL 34241 SARASOTA FL 34276-2555 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-2387910 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) YOUNG, ROBERT S 6461 PROCTOR RD SARASOTA FL 34241 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 DATE 9. Election Campaign Financing Make Check Pavable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete TITLE ☐ Change Addition TITI F NAME NAME GARNER, KAREN STREET ADDRESS STREET ADDRESS 3226 SPAINWOOD DRIVE CITY-ST-ZIP CITY-ST-7IP SARASOTA FL Change ☐ Addition TITLE ٧D ☐ Delete TITLE SCHUMAKER, LARRY NAME NAME STREET ADDRESS STREET ADDRESS 5139 ITHACA LANE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL TITLE DT ☐ Delete TITLE ☐ Change ☐ Addition NAME HULL DON-NAME STREET ADDRESS 3762 HEATHER LAKE CIR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL PD ☐ Delete TITLE Change Addition NAME YOUNG, SCOTT NAME STREET ADDRESS STREET ADDRESS 6461 PROCTOR RD. CITY-ST-ZIP CITY-ST-ZIP Sarasota fl TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SCHWARTZ, GARY NAME STREET ADDRESS STREET ADDRESS 2253 ROSELAWN CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 rustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if