

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000004291**

1. Entity Name

CALVARY APOSTOLIC CHURCH OF WILDWOOD INC.

Principal Place of Business

Mailing Address

**P.O. BOX 394,10861,RT.301
OXFORD FL 34484****P.O. BOX 394,10861,RT.301
OXFORD FL 34484**

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

59-3640122

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

**BRIGGS, BRUCE
10871 RT.301
OXFORD FL 34484**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**☒ **Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete**D
BRIGGS, B. REV.
P.O. BOX 394,10861,RT.301
OXFORD FL 34484**TITLE ☐ Delete**D
BRANAM, JAMIE
4689 CR 114
WILDWOOD FL 34785**TITLE ☐ Delete**D
WILEY, EARL
45 S. BOBWHITE RD.
WILDWOOD FL 34785**TITLE ☐ Delete**D
JOHNSON, JEFF
6 PECAN RUN LANE LANE
OCALA FL 34472**TITLE ☐ Delete**ST
LAMBERT, LOIS
P.O. BOX 81
OXFORD FL 34484**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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: **BRIGGS, BRUCE****1-7-02 352-748-4644**

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CR2E037 (9/01)