

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

**FILED**  
**Jul 18, 2003 8:00 am**  
**Secretary of State**

07-18-2003 90078 006 \*\*\*\*61.25

**DOCUMENT # N00000004291**

1. Entity Name

**CALVARY APOSTOLIC CHURCH OF WILDWOOD INC.**



Principal Place of Business

P.O. BOX 394.10861.RT.301  
OXFORD FL 34484

Mailing Address

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**  
**10671 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

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 **D** ☐ Delete  
NAME **BRIGGS, B. REV.**  
STREET ADDRESS **P.O. BOX 394,10861.RT.301**  
CITY-ST-ZIP **OXFORD FL 34484**

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

TITLE **D** ☐ Delete  
NAME **BRANAM, JAMIE**  
STREET ADDRESS **4689 CR 114**  
CITY-ST-ZIP **WILDWOOD FL 34785**

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

TITLE **D** ☐ Delete  
NAME **WILEY, EARL**  
STREET ADDRESS **45 S. BOBWHITE RD.**  
CITY-ST-ZIP **WILDWOOD FL 34785**

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

TITLE **D** ☒ Delete  
NAME **JOHNSON, JEFF**  
STREET ADDRESS **6 PECAN RUN LANE LANE**  
CITY-ST-ZIP **OCALA FL 34472**

TITLE ☒ Change ☐ Addition  
NAME **D JONATHAN GRIFFIN**  
STREET ADDRESS **10060 SE 169TH LANE**  
CITY-ST-ZIP **Summerfield FL 34491**

TITLE **ST** ☒ Delete  
NAME **LAMBERT, LOIS**  
STREET ADDRESS **P.O. BOX 81**  
CITY-ST-ZIP **OXFORD FL 34484**

TITLE ☒ Change ☐ Addition  
NAME **ST JONATHAN GRIFFIN**  
STREET ADDRESS **10060 SE 169TH LANE**  
CITY-ST-ZIP **Summerfield FL 34491**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **BRIGGS** **7/7/03** **352-748-4644**

CR2E037 (4/03)