

DOCUMENT # N00000005605

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90043 004 ****61.25



DO NOT WRITE IN THIS SPACE

1. Entity Name
CALVARY APOSTOLIC CHURCH OF CRESTVIEW, FLORIDA,

Principal Place of Business Mailing Address
2902 ORCHID CREST DR. **2902 ORCHID CREST DR.**
CRESTVIEW FL 32539 **CRESTVIEW FL 32539**

2. Principal Place of Business 3. Mailing Address
100 Old Milligan Rd. **P.O. Box 112**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Crestview, FL. **Crestview, FL.**
 Zip Country Zip Country
32539 **USA** **32539** **USA**

4. FEI Number Applied For
59-3666596 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MCINNIS, C. JEFFREY
909 MAR WALT DR., STE. 1014
FT. WALTON BEACH FL 32547-6711

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROY, DAVID 109 MOHAWK TRAIL CRESTVIEW FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DAVIS, WILBERT 5243 SHOFFNER BLVD. CRESTVIEW FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BASSETTE, SCOTT 200 SOUTH HOSPITAL DR. CRESTVIEW FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PHELPS, LINDA 108 PADDLE WHEEL COVE CRESTVIEW FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DAVIS, ADRIAN 2902 ORCHID CREST DR. CRESTVIEW FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Adrian M. Davis** Date: **1-4-01** Daytime Phone #: **(850)423-1198**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)