

DOCUMENT # N00000005605

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

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

Mailing Address  
2902 ORCHID CREST DR.  
CRESTVIEW FL 32539

2. Principal Place of Business  
100 Old Milligan Rd.

3. Mailing Address  
P.O. Box 112

City & State  
Crestview, FL.

City & State  
Crestview, FL.

Zip  
32539

Country  
USA

Zip  
32539

Country  
USA

4. FEI Number  
59-3666596

Applied For  
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROY, DAVID		NAME		
STREET ADDRESS	109 MOHAWK TRAIL		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL 32536		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, WILBERT		NAME		
STREET ADDRESS	5243 SHOFFNER BLVD.		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL 32539		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BASSETTE, SCOTT		NAME		
STREET ADDRESS	200 SOUTH HOSPITAL DR.		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL 32539		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHELPS, LINDA		NAME		
STREET ADDRESS	108 PADDLE WHEEL COVE		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL 32536		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, ADRIAN		NAME		
STREET ADDRESS	2902 ORCHID CREST DR.		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL 32539		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Adrian M. Davis 1-4-01 (850) 423-1198  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)