

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90089 014 ****61.25

DOCUMENT # N00000006922

1. Entity Name
CALVARY FELLOWSHIP, INC.

Principal Place of Business Mailing Address
3640 ARAN CIR. **3640 ARAN CIR.**
ORMOND BCH FL 32174 **ORMOND BCH FL 32174**

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 Applied For
59-3673744 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HITZ, ANDREW M
3640 ARAN CIR.
ORMOND BCH FL 32174

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 **PSD** ☐ Delete
 NAME **HITZ, ANDREW M**
 STREET ADDRESS **3640 ARAN CIR.**
 CITY-ST-ZIP **ORMOND BCH FL 32174**

TITLE **TD** ☐ Delete
 NAME **HITZ, SHARIE**
 STREET ADDRESS **3640 ARAN CIR.**
 CITY-ST-ZIP **ORMOND BCH FL 32174**

TITLE **D** ☐ Delete
 NAME **BLACKWELL, DAVID P**
 STREET ADDRESS **4267 FOX TRACE**
 CITY-ST-ZIP **BOYNTON BCH FL 33436**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **D MARSE, GEORGE**
 STREET ADDRESS **4117 FLORAL DRIVE**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE ☐ Change ☒ Addition
 NAME **D MASSEY, JOSEPH**
 STREET ADDRESS **12460 SANDWEDGE DRIVE**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

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: **SIGNATURE OF REGISTERED AGENT** **4-3-01** **904-615-7210**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)