

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000006922

FILED  
Apr 04, 2002 8:00 AM  
Secretary of State

Entity Name: CALVARY FELLOWSHIP, INC.

## Current Principal Place of Business:

3640 ARAN CIR.  
ORMOND BCH, FL 32174

## New Principal Place of Business:

3640 ARAN CIRCLE  
ORMOND BCH, FL 32174

## Current Mailing Address:

3640 ARAN CIR.  
ORMOND BCH, FL 32174

## New Mailing Address:

FEI Number: 59-3673744

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: HITZ, ANDREW M  
Address: 3640 ARAN CIR.  
City-St-Zip: ORMOND BCH, FL 32174

Title: TD ( ) Delete  
Name: HITZ, SHARIE  
Address: 3640 ARAN CIR.  
City-St-Zip: ORMOND BCH, FL 32174

Title: D ( ) Delete  
Name: BLACKWELL, DAVID P  
Address: 4267 FOX TRACE  
City-St-Zip: BOYNTON BCH, FL 33436

Title: D ( ) Delete  
Name: MARSE, GEORGE  
Address: 4117 FLORAL DR  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D ( ) Delete  
Name: MASSEY, JOSEPH  
Address: 12460 SANDWEDGE DR  
City-St-Zip: BOYNTON BEACH, FL 33437

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW M. HITZ

PSD

04/04/2002

Electronic Signature of Signing Officer or Director

Date