

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2001 8:00 am
Secretary of State

08-06-2001 90004 037 ****61.25

DOCUMENT # N00000007921

1. Entity Name

CALVARY CHAPEL, NORTH PINELLAS, INC.



Principal Place of Business

7226 33RD AVE. NORTH
 ST. PETERSBURG FL 33710

Mailing Address

7226 33RD AVE. NORTH
 ST. PETERSBURG FL 33710

77877



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2340 MAIN ST

3. Mailing Address

PO BOX 2121

Suite, Apt. #, etc:

E

Suite, Apt. #, etc.

City & State

CLEARWATER

City & State

OLDSMAR

4. FEI Number

59-3684388

Applied For

Not Applicable

Zip

33763

Country

USA

Zip

FL

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, BRETT
 7226 33RD AVE. NORTH
 ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name: BRETT ROBINSON

Street Address (P.O. Box Number is Not Acceptable)

2703 WOODHAVEN CT

City: CLEARWATER

FL

Zip Code: 33761

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25

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: PRESIDENT, D
 NAME: BRETT ROBINSON, D
 STREET ADDRESS: 2703 WOODHAVEN CT
 CITY-ST-ZIP: CLEARWATER, FL 33761

Delete Change Addition

TITLE: VICE PRESIDENT, D
 NAME: JEFF CLAYTON, D
 STREET ADDRESS: 3580 FAIRMWAY FOREST DR
 CITY-ST-ZIP: PALM HARBOR FL 34685

Delete Change Addition

TITLE: SECRETARY, D
 NAME: KEVIN VAN PELT, D
 STREET ADDRESS: 2715 WOODHAVEN CT
 CITY-ST-ZIP: CLEARWATER FL 33761

Delete Change Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Delete Change Addition

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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 817, 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:

KEVIN VAN PELT
 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-1-2001 727-942-2808

CR2037 (5/01)