

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-12-2002 90666 036 ****75.00

DOCUMENT # N01000000660

1. Entity Name

CALVARY LIGHTHOUSE BY THE SEA, INC.

Principal Place of Business

Mailing Address

PO BOX 51
PALM BEACH FL 33480PO BOX 51
PALM BEACH FL 33480**34240**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARMONA, MIGUEL
269 PARK AVE
PALM BEACH FL 33480

Name **CARMONA, MIGUEL**

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

258 SEMINOLE AVE. APT. 2City **PALM BEACH**FL **33480**

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 reinstating)

4/23/02
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE - **D** **ASIST. DIRECTOR** ☐ Delete
 NAME **SONIA CARMONA**
 STREET ADDRESS **258 SEMINOLE AVE. APT. 2**
 CITY-ST-ZIP **PALM BEACH, FL. 33480**

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

TITLE - **T** **TRUSTEES** ☐ Delete
 NAME **RACHAEL PAOLANTONIO**
 STREET ADDRESS **950 S. KANNER HWY.**
 CITY-ST-ZIP **STUART, FL. 34994**

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

TITLE - **T** **TRUSTEES** ☐ Delete
 NAME **MICHAEL A. CARMONA**
 STREET ADDRESS **240 PARK AVE. APT. 303**
 CITY-ST-ZIP **PALM BEACH, FL. 33480**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 or without other like empowered.

SIGNATURE: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

(561) 655-5984

Daytime Phone #

CR2E037 (9/01)