

2002 UNIFORM BUSINESS REPORT (UBR)

03-25-2002 90028 026 *****70.00
N01000005046

DOCUMENT # N01000005046

1. Entity Name

CALVARY CHRISTIAN LIFE CENTER, INC.

Principal Place of Business

630 S WICKHAM RD. STE 107
WEST MELBOURNE FL 32904

Mailing Address

630 S WICKHAM RD. STE 107
WEST MELBOURNE FL 32904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

701 Furth Rd NW

701 Furth Rd NW

City & State

City & State

Palm Bay FL

Palm Bay FL

Zip

Country

Zip

Country

32907

Brevard

32907

Brevard

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANT, DEBORAH
830 S WICKHAM RD, STE 107
WEST MELBOURNE FL 32904

Name Grant Deborah

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

701 Furth Rd NW

City

Palm Bay

FL

Zip Code

32907

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 renewing)

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
NAME GRANT, MICHAEL D
STREET ADDRESS 701 FURTH RD. NW
CITY-ST-ZIP PALM BAY FL 32907 ☐ Delete

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

TITLE
NAME GRANT, DEBORAH D
STREET ADDRESS 701 FURTH RD. NW
CITY-ST-ZIP PALM BAY FL 32907 ☐ Delete

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

TITLE
NAME JASON, DEAN D
STREET ADDRESS 2973 THRUSH DRIVE, #128
CITY-ST-ZIP MELBOURNE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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: *Michael Grant* President 3/11/02
321/728-2586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 MAY 21 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR202037 (9/01)