

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90114 006 ****61.25



DOCUMENT # **N02000000617**

1. Entity Name
CALVARY CHRISTIAN FELLOWSHIP OF HOMESTEAD, INC.

NOTE: THIS NAME CONTAINS AN ERROR \uparrow IT'S FELLOWSHIP

Principal Place of Business
**6700 SW 38TH STREET
MIAMI FL 33155**

Mailing Address
**6700 SW 38TH STREET
MIAMI FL 33155**

90003195



2. Principal Place of Business
2610 SE 5th Court

3. Mailing Address
P.O. BOX 901261

CHECK HERE IF MAKING CHANGES

City & State
HOMESTEAD FL

City & State
HOMESTEAD FL

4. FEI Number
68-0488460

Applied For
 Not Applicable

Zip
33033

Country
USA

Zip
33090

Country

5. 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

**CLAUNCH, SCOTT
6700 SW 38TH STREET
MIAMI FL 33155**

Name **CLAUNCH, SCOTT**
Street Address (P.O. Box Number is Not Acceptable)
2610 SE 5th COURT
City **HOMESTEAD FL** Zip Code **33033**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **SCOTT CLAUNCH, PRESIDENT/DIRECTOR 1-10-03**
Signature, typed or printed name of registered agent and title if applicable. (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 Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLAUNCH, SCOTT 7035 SW 19TH STREET MIAMI FL 33155 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAZQUEZ, RAZZ 1645 SW 86TH AVENUE MIAMI FL 33155 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARCIA, PEDRO 10001 SW 90TH AVENUE MIAMI FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2610 SE 5th Court HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12350 SW 132nd Court #201 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SCOTT CLAUNCH** 1-10-03 786 287 7229
Date Daytime Phone #

CR2E037 (10/02)