

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

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90080 033 \*\*\*\*61.25

**DOCUMENT # N02000001079**

1. Entity Name

**CALVARY BAPTIST CHURCH OF I.L.E., INC.**



Principal Place of Business

**C/O JANET L. RHODES  
PO BOX 7219  
INDIAN LAKE ESTATES FL 33855**

Mailing Address

**C/O JANET L. RHODES  
PO BOX 7219  
INDIAN LAKE ESTATES FL 33855**

2. Principal Place of Business

**14907 SR 60 E**

3. Mailing Address

**P.O. Box 7219**

Suite, Apt. #, etc.

**Suite B**

Suite, Apt. #, etc.

City & State

**LAKE WALES FL**

City & State

**INDIAN LAKE ESTATES, FL**

Zip

**33898**

Country

**US**

Zip

**33855**

Country

**US**

4. FEI Number

**59-3710799**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RHODES, JANET L  
708 BOUGAINVILLEA DR.  
INDIAN LAKE ESTATES FL 33855**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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	<b>DP SHAHAN, CHUCK PO BOX 7907 INDIAN LAKE ESTATES FL 33855</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV PROVENZA, ALICE PO BOX 7840 INDIAN LAKE ESTATES FL 33855</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT RHODES, THOMAS C PO BOX 7219 INDIAN LAKE ESTATES FL 33855</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS SNOW, PHYLLIS 1574 GRANADA CT. LAKE WALES FL 33853</b>	<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 type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV JAMES YEOMANS 2270 TIGER CREEK FOREST LAKE WALES, FL 33853</b>	<input type="checkbox"/> Change <input checked="" 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
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:

**SIGNATURE REQUIRED**

**3-6-03**

**863-692-1542**

CR2E037 (10/02)