

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90011 012 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N08161 a

1. Entity Name
CALVARY BAPTIST CHURCH OF DADE CITY, FLORIDA, IN

Principal Place of Business 14312 17TH STREET DADE CITY FL 33525 US	Mailing Address 14312 17TH STREET DADE CITY FL 33523-3328 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State a

4. FEI Number **59-2353941**

	Applied For
	Not Applicable

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

EDWARDS, TOM
34525 WHITTING LANE
DADE CITY FL 33525

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.

SIGNATURE Thomas J. Edwards THOMAS J. EDWARDS DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	PD	<input type="checkbox"/> Delete	NAME
	EDWARDS, TOM		
	34525 WHITTING LANE		STREET ADDRESS
	DADE CITY FL		CITY-ST-ZIP
	VD	<input type="checkbox"/> Delete	NAME
	HICKS, K.C.		
	19 GERALDINE RD.		STREET ADDRESS
	DADE CITY FL		CITY-ST-ZIP
	SD	<input checked="" type="checkbox"/> Delete	NAME
	CHILDERS, PAUL		
	8611 HANDCART RD		STREET ADDRESS
	ZEPHYRILLS FL		CITY-ST-ZIP
	TD	<input type="checkbox"/> Delete	NAME
	DUNCAN, MARSHALL		
	12035 FORT KING RD.		STREET ADDRESS
	DADE CITY FL		CITY-ST-ZIP
	D	<input type="checkbox"/> Delete	NAME
	REED, HOMER A.		
	12372 CARL LOOP		STREET ADDRESS
	DADE CITY FL		CITY-ST-ZIP
	PD	<input type="checkbox"/> Delete	NAME
	FORBES, K.B.		
	324 NORTH WALL ST		STREET ADDRESS
	BUSHNELL FL		CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME
				STREET ADDRESS
				CITY-ST-ZIP
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME
	SD			
	Joe Boston			STREET ADDRESS
	14909 Mitchell			CITY-ST-ZIP
	Dade city Fl	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME
				STREET ADDRESS
				CITY-ST-ZIP
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME
				STREET ADDRESS
				CITY-ST-ZIP
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME
				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 all other like empowered.

SIGNATURE: Thomas J. Edwards **SIGNATURE REQUIRED** DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)