

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90239 037 \*\*\*\*61.25

**DOCUMENT # N08161**

1. Entity Name

**CALVARY BAPTIST CHURCH OF DADE CITY, FLORIDA, IN**

Principal Place of Business

Mailing Address

14312 17TH STREET  
DADE CITY FL 33525  
US

14312 17TH STREET  
DADE CITY FL 33525-3328  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2353941**

Applied For

Not Applicable

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

**EDWARDS, TOM**  
**34525 WHITTING LANE**  
**DADE CITY FL 33525**

Name

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

*Marshall E Duncan SR*

City

*12035 Fort King Rd Dade City FL*

Zip Code  
*33525*

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. *13*

SIGNATURE

*Marshall E Duncan SR* *Per contract with Marshall E Duncan SR*

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, TOM 34525 WHITTING LANE DADE CITY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HICKS, K.C. 19 GERALDINE RD. DADE CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOSTON, JOE 14909 MITCHELL ZEPHYRHILLS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUNCAN, MARSHALL SR. 12035 FORT KING RD. DADE CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, HOMER A. 12372 CARL LOOP DADE CITY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORBES, K.B. 324 NORTH WALL ST BUSHNELL FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT PHILLIPS 12153 PATRICK ST. DADE CITY, FL 33525	<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	MARSHALL DUNCAN, JR. 12021 FT. KING RD. DADE CITY, FL 33525	<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	COLBY JAYNES 39041 CLINTON AVE. DADE CITY, FL 33525	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOE Mengersen, SR. 6151 BAY BERRY ST. ZEPHYRHILLS, FL 33540	<input type="checkbox"/> Change <input checked="" 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:**

*Marshall E Duncan SR* *Marshall E Duncan SR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)