2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
02-13-2002 90194 016 ****61.25

DOCUMENT # N08161

1. Entity Name

CALVARY BAPTIST CHURCH OF DADE CITY, FLORIDA, IN C.

Principal Place of Business	Mailing Address
14312 17TH STREET DADE CITY FL 33525 33523 US	14312 17TH STREET DADE CITY FL 33525-3328 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14312 17th Street	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Dade City, Fla	City & State
City & State	Zip / Country
Zip 33523 Country Pasco	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 Robert Phillips Street Address (P.O. Box Number is Not Acceptable) 34525-Whilling Lane City Dade City Fla FL Zip Code 33525

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the state of Florida.

SIGNATURE Robert Phillips
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 PHILLIPS, ROBERT 12153 PATRICK ST DADE CITY FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition Minnie Coker 37308 Carter Ave Dade City, Fla 33523
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HICKS, K.C. 19 GERALDINE RD. DADE CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARSHALL, DUNCAN JR 12021 FT KING RD DADE CITY FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DUNCAN, MARSHALL 12035 FORT KING RD. DADE CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAYNES, COLBY 39041 CLINTON AV DADE CITY FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FORBES, K.B. 6151 BAY BERRY ST ZEPHYRHILLS FL 33540	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vickie Oliver 14230 - 20th Street Dade City, Fla 33523 ☐ 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: Marshall E Duncan SR Marshall E Duncan SR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)