


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

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90134 021 \*\*\*\*61.25

**DOCUMENT # N08161**

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



Principal Place of Business <b>14312 17TH STREET DADE CITY FL 33523 US</b>	Mailing Address <b>14312 17TH STREET DADE CITY FL 33523 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-2353941</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**PHILLIPS, ROBERT**  
**34525 WHILLING 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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	PD	<input type="checkbox"/> Delete
NAME	<b>COKER, MINNIE</b>	
STREET ADDRESS	<b>37308 CARTER AVE</b>	
CITY-ST-ZIP	<b>DADE CITY FL 33523</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>HICKS, K.C.</b>	
STREET ADDRESS	<b>19 GERALDINE RD.</b>	
CITY-ST-ZIP	<b>DADE CITY FL</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>MARSHALL, DUNCAN JR</b>	
STREET ADDRESS	<b>12021 FT KING RD</b>	
CITY-ST-ZIP	<b>DADE CITY FL 33525</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>DUNCAN, MARSHALL</b>	
STREET ADDRESS	<b>12035 FORT KING RD.</b>	
CITY-ST-ZIP	<b>DADE CITY FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>JAYNES, COLBY</b>	
STREET ADDRESS	<b>39041 CLINTON AV</b>	
CITY-ST-ZIP	<b>DADE CITY FL 33525</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>OLIVER, VICKIE</b>	
STREET ADDRESS	<b>14250 20TH STREET</b>	
CITY-ST-ZIP	<b>DADE CITY FL 33523</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<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: MARSHALL DUNCAN JR Marshall Duncan Jr

CR2E037 (10/02)