

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

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90112 040 ****61.25

DOCUMENT # N16208

1. Entity Name

**CALVARY EVANGELISTIC ASSOCIATION INTERNATIONAL I
NC.**



Principal Place of Business

**1925 N.E. 45TH STREET
SUITE 234
FT. LAUDERDALE FL 33308**

Mailing Address

**1925 N.E. 45TH STREET
SUITE 234
FT. LAUDERDALE FL 33308**

2. Principal Place of Business

**1925 N.E. 45th Street
Suite, Apt. #, etc.
234**

3. Mailing Address

**As above
Suite, Apt. #, etc.
↑**

City & State

FT. LAUDERDALE FL

City & State

As above

4. FEI Number **65-0000853**

Applied For

Not Applicable

Zip

33308

Country

FLA

Zip

33308

Country

FLA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VOCE, ALLAN G.S. DR.
1925 N.E. 45TH STREET
FT. LAUDERDALE FL 33308**

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

After September 10, 2003, min will be \$236.25

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 **PC** ☐ Delete
NAME **VOCE, ALLAN G.S. DR.**
STREET ADDRESS **1925 N.E. 45TH STREET, SUITE 234**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **V** ☐ Delete
NAME **VOCE, MICHAEL**
STREET ADDRESS **1925 N.E. 45TH STREET, SUITE 234**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **D** ☐ Delete
NAME **SIMON, RAPHAEL REV.**
STREET ADDRESS **1925 N.E. 45TH STREET, SUITE 234**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **SD** ☐ Delete
NAME **VOCE, PEARL**
STREET ADDRESS **1925 N.E. 45TH STREET, SUITE 234**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **DM** ☐ Delete
NAME **RAWLINS, CHRISTIAN REV.**
STREET ADDRESS **1925 N.E. 45TH STREET, SUITE 234**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 190.02(1)(f), 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

Per. Dr. [Signature]
ALLAN G.S. VOCE

CR2E037 (4/03)