

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22344

1. Entity Name

CALVARY CHRISTIAN MISSIONARY FELLOWSHIP, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90085 014 ****70.00

Principal Place of Business

Mailing Address

500 OR 510 W. 4TH ST
SANFORD FL 32771
US

POOLE MAX W
2575 EIFFEL CIRCLE WEST
JACKSONVILLE FL 32210-3495
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2967785

Applied For

Not Applicable

Zip

Country

Zip

Country

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

POOLE, MAX W.
2575 EIFFEL CIRCLE WEST
JACKSONVILLE FL 32210

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

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	PD	<input type="checkbox"/> Delete
NAME	POOLE, MAX W.	
STREET ADDRESS	2575 EIFFEL CIR. W.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	POOLE, SUSAN A.	
STREET ADDRESS	2575 EIFFEL CIR. W.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POOLE, NATHAN WADE B	
STREET ADDRESS	2575 EIFFEL CIR. W.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HICKSON, BARBARA	
STREET ADDRESS	123 ALMA AVENUE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WISE, MARY JANE	
STREET ADDRESS	1322 BLACK OLIVE DRIVE	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKSEY, TERRY W	
STREET ADDRESS	436 CLIFF DR	
CITY-ST-ZIP	POOLER GA 31322	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOLE, SUSAN A.	
STREET ADDRESS	2575 EIFFEL CIR. W.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOLE, MATTHAN WADE B	
STREET ADDRESS	2575 EIFFEL CIR. W	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
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	KIRKSEY, TERRY W	
STREET ADDRESS	118 BRADFORD DR.	
CITY-ST-ZIP	BLOOMINGDALE, GA. 31302	

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: Max W. Poole MAX W. POOLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-2000 404-786-1888

Date

Daytime Phone #

CR2E037 (9/99)