

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90029 018 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N22344

1. Entity Name
CALVARY CHRISTIAN MISSIONARY FELLOWSHIP, INC.

Principal Place of Business 500 OR 510 W. 4TH ST SANFORD FL 32771 US	Mailing Address POOLE MAX W 2575 EIFFEL CIRCLE WEST JACKSONVILLE FL 32210 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 59-2967785	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 lines empowered.

SIGNATURE: MAX W. POOLE **SIGNATURE REQUIRED** 01-08-01 904-786-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)