

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24698

1. Entity Name

CALVARY BIBLE CHURCH OF INVERNESS, INC.

Principal Place of Business

5335 JASMINE LANE  
C/O DAVID T. CANNON, JR.  
INVERNESS FL 34453-1070  
US

Mailing Address

5335 JASMINE LANE  
C/O DAVID T. CANNON, JR.  
INVERNESS FL 34453-1070  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2881083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CANNON, DAVID T., JR.  
736 GOSPEL OAKS TERR.  
INVERNESS FL 34450

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

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 13, 2000 min. will be \$236.25

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

TITLE D  
NAME CANNON, DAVID T., JR.  
STREET ADDRESS 736 GOSPEL OAKS TERRACE  
CITY-ST-ZIP INVERNESS FL 34450 ☐ Delete

TITLE D  
NAME MCKINNON, RALPH  
STREET ADDRESS 5400 E. LIVE OAK LANE  
CITY-ST-ZIP INVERNESS FL 34453 ☐ Delete

TITLE D  
NAME AGUILERA, MARIO  
STREET ADDRESS 1112 BLOOMFIELD DR  
CITY-ST-ZIP INVERNESS FL 34453 ☐ Delete

TITLE ~~D~~  
NAME ~~Webb~~  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE D  
NAME WEBB, RONALD D.  
STREET ADDRESS 1415 LAKEVIEW DRIVE  
CITY-ST-ZIP INVERNESS, FL 34450 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Aug 16, 2000 8:00 am  
Secretary of State

08-16-2000 90007 012 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2ER37 15/00