2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2000 8:00 am Secretary of State **DOCUMENT # N27093** 1. Entity Name MT. CALVARY SOUTHERN BAPTIST CHURCH, INC. 02-05-2000 90050 040 ****61.25 Mailing Address Principal Place of Business P.O. BOX 709 5300 BERRYHILL RD MILTON FL 32572-0709 MILTON FL 32570 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3197639 Not Applicate Country \$8.75 Additional_ Zip Country _Zip_ 5.-Certificate of Status Desired ee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MARTIN, WESLEY W **5025 COMMUNITY CIRCLE** MILTON FL 32583 Zip Code City 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 Wesley Martin (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE ☐ Change ☐ Addition VD. □ Delete TITLE FRIZZELL, JERRY A. NAME NAME STREET ADDRESS 907 ROBIN AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILTON FL ☐ Change Addition ☐ Delete TITLE PD TITLE LINZY, DWIGHT NAME STREET ADDRESS STREET ADDRESS 5524 WALKER RD CITY-ST-ZIP-CITY: ST: ZIP MILTON FL ☐ Change Addition ☐ Delete SD TITLE MARTIN, WESLEY NAME STREET ADDRESS STREET ADDRESS 5025 COMMUNITY CIRCLE CITY-ST-ZIP CITY-ST-ZIP MILTON FL Change Addition ☐ Delete TITLE TITLE MOORE, JESSE NAME STREET ADDRESS STREET ADDRESS 5405 DOUGLAS ST. CITY-ST-ZIP CITY-ST-ZIP MILTON FL ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME JUDD, JOHNNY STREET ADDRESS STREET ADDRESS 5426 BERRYHILL ROAD CITY-ST-ZIP CITY-ST-ZIP MILTON FL 32570 Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 of 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:

GNATURE AND TYPED SAPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00

850-623-8996

Daytime Phone