

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90069 037 \*\*\*\*61.25

**DOCUMENT # N36761**

1. Entity Name

**CALVARY FOUNDATION, INC.**

Principal Place of Business

9311 N.W. 38TH PLACE  
 SUNRISE FL 33351

Mailing Address

9311 N.W. 38TH PLACE  
 SUNRISE FL 33351

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0187727**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



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6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI**  
**100 CHOPIN PLAZA**  
**SUITE 1600**  
**MIAMI FL 33131**

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**

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	DS	<input type="checkbox"/> Delete
NAME	GAROFALO, PAUL	
STREET ADDRESS	5280 S.W. 4TH COURT	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	FROST, GORDON W.	
STREET ADDRESS	9311 N.W. 38TH PLACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACRAE, RONALD	
STREET ADDRESS	1111 S.W. 18TH ST.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gordon W. Frost*  
**GORDON W. FROST**

Date

Daytime Phone #

4-9-01 954-741-7295

CR2E037 (10/00)