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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
02-11-2002 90204 024 ****61.25

DOCUMENT # N36813

1. Entity Name

ECHOES FROM CALVARY, INC.

Principal Place of Business	Mailing Address
% SHIRLEY ATKINSON 5124 S. RIDGEWOOD AVENUE [redacted] FL 32127	% SHIRLEY ATKINSON 5124 S. RIDGEWOOD AVENUE [redacted] FL 32127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ORANGE	City & State: PORT ORANGE
Zip / Country	Zip / Country

4. FEI Number 59-2995091 ☐ Applied For ☐ Not Applicable

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
ATKINSON, SHIRLEY 5124 S. RIDGEWOOD AVENUE [redacted] FL 32127	Name Street Address (P.O. Box Number is Not Acceptable) City PORT ORANGE 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] 1-22-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ATKINSON, SHIRLEY 3844 DAME ST. PORT ORANGE FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ATKINSON, HAYWARD O. 3844 DAME ST. PORT ORANGE FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREAS. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHANNELL, JULIA 843 OLIVE ST. SOUTH DAYTONA FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRES. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADAMS, KEITH 6557 W. BAYSHORE DR. PORT ORANGE, FL 32127 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	YOUTH ADMINISTRATOR ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BROOKHART, BARBARA 3421 S. PENINSULA DR. DAYTONA BCH. SHORES, FL 32118 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECY. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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] 1-22-02 (386) 761-2096
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #