

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39578

1. Entity Name

CALVARY INTERNATIONAL MINISTRIES, INC.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90113 021 \*\*\*\*70.00

Principal Place of Business

Mailing Address

% LANA FAYE HOLLENBACK  
14338 CRISTOBAL ST SE  
FT MYERS FL 33905-2335  
US

P.O. BOX 50907  
FORT MYERS FL 33994-0907  
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

65-0235466

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

HOLLENBACK, LANA FAYE  
14338 CRISTOBAL ST SE  
FT MYERS FL 33905

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete  
NAME HOLLENBACK, LANA FAYE  
STREET ADDRESS 14338 CRISTOBAL ST SE  
CITY-ST-ZIP FT MYERS FL 33905

TITLE ☐ Change ☒ Addition  
NAME **D RAMON Fuentes**  
STREET ADDRESS **19622 Midway Blvd**  
CITY-ST-ZIP **Port Charlotte FL 33948**

TITLE DC ☐ Delete  
NAME WOOD, RANDOLPH  
STREET ADDRESS 14311 OLD OLGA RD  
CITY-ST-ZIP FT MYERS FL 33905

TITLE ☐ Change ☒ Addition  
NAME **D Eileen Ball**  
STREET ADDRESS **212 SE 4th Place**  
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE D ☐ Delete  
NAME GOODMAN, MARK T  
STREET ADDRESS 13330 THIRD STREET  
CITY-ST-ZIP FORT MYERS FL 33905

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

TITLE D ☐ Delete  
NAME WILEY, DAVE  
STREET ADDRESS 604 SE 31 ST  
CITY-ST-ZIP CAPE CORAL FL 33904

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

TITLE D ☐ Delete  
NAME CROCKETT, DICK  
STREET ADDRESS 17290 REWIS ROAD  
CITY-ST-ZIP ALVA FL 33920

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

TITLE D ☒ Delete  
NAME WARNER, LINDA  
STREET ADDRESS 4437 BIRMINGHAM STREET  
CITY-ST-ZIP FORT MYERS FL 33905

TITLE ☐ Change ☐ 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

3/20/00

Date

941-694-8744

Daytime Phone #

CR2E037 (9/99)