NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91565 021 ****70.00

DOCUMENT # N39578

Entity Name
CALVARY INTERNATIONAL MINISTRIES, INC.

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Principal Place of Business		2. Mailing Address	
17290 REWIS ROAD		POST OFFICE BOX 45	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State ALVA, FL		City & State ALVA, FL	
Zip 33920	Country USA	Zip 33920-0045	Country USA

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3. FEI Number 65-0235466 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
RANDOLPH A. WOOD
17290 REWIS ROAD (P.O. Box Number is Not Acceptable)
City ALVA FL 33920

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: RANDOLPH A. WOOD, PRESIDENT — 04/17/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

OFFICERS AND DIRECTORS

TITLE P/D NAME RANDOLPH A. WOOD STREET ADDRESS 17290 REWIS RD (PO BX 45) CITY-ST-ZIP ALVA, FL 33920-0045	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T/D NAME LYLE D. SMITH STREET ADDRESS 6239 BRIARWOOD TERRACE CITY-ST-ZIP FORT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME MARK T. GOODMAN STREET ADDRESS 13330 THIRD STREET CITY-ST-ZIP FORT MYERS, FL 33905	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME LANA F. HOLLENBACK STREET ADDRESS 14338 CRISTOBAL STREET CITY-ST-ZIP FORT MYERS, FL 33905	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: RANDOLPH A. WOOD — 04/17/02 — 239-728-5226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #