

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N41507**

1. Entity Name

**CALVARY CHAPEL OF PORT CHARLOTTE, INC.****FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90019 037 \*\*\*\*61.25

Principal Place of Business

**C/O DREW WORTHEN**  
**BOX 1172**  
**MURDOCK FL 33938**

Mailing Address

**C/O DREW WORTHEN**  
**BOX 1172**  
**MURDOCK FL 33938****B0017864**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**Box 381172**

Suite, Apt. #, etc.

3. Mailing Address

**Box 381172**

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3079771**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WORTHEN, DREW**  
**1007 CHEVY CHASE ST**  
**PORTCHARLOTTE FL 33948**

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:**  
**FEES 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 **PD** ☐ Delete  
NAME **WORTHEN, DREW A.**  
STREET ADDRESS **2261 BAL HARBOUR DR.**  
CITY-ST-ZIP **VENICE FL**TITLE **VD** ☐ Delete  
NAME **JENNINGS, CHRIS**  
STREET ADDRESS **7190 PINNACLE DRIVE APT J4**  
CITY-ST-ZIP **FT. MYERS FL**TITLE **STD** ☐ Delete  
NAME **PRESLEY, MARK**  
STREET ADDRESS **3951 HAVERHILL RD STE 218**  
CITY-ST-ZIP **WEST PALM BCH FL**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Delete  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Delete  
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CITY-ST-ZIPTITLE ☐ Change ☐ Delete  
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 REQUIRED****2-7-00**

Date

Daytime Phone #