

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44493

1. Entity Name

CROSS OF CALVARY BAPTIST CHURCH, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90017 012 ****61.25

Principal Place of Business

Mailing Address

507 CASSAT AVENUE
JACKSONVILLE FL 32254
US

POST OFFICE BOX 61871
JACKSONVILLE FL 32236-1871

2. Principal Place of Business

3. Mailing Address

P.O. Box 60383

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE, FLORIDA

4. FEI Number

59-3093617

Applied For

Not Applicable

Zip

Country

Zip

Country

32236

U.S.

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

ANGLIN
AGLIN, REV JOHN E
2278 OXBOW ROAD
JACKSONVILLE FL 32210

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

MARCH 17, 2000

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 CD
NAME AGLIN, JOHN E
STREET ADDRESS 2278 OXBOW ROAD
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

PLEASE CORRECT YOUR
SPELLING - SHOULD BE
ANGLIN, JOHN E.

TITLE D
NAME NICHOLS, GLADYS
STREET ADDRESS 3148 GILMORE STREET
CITY-ST-ZIP JACKSONVILLE FL 32205

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
NAME ANDERSON, JOSEPH
STREET ADDRESS 2812 TEAL LANE
CITY-ST-ZIP MIDDLEBURGE FL

☒ Delete

TITLE STD
NAME Decker, Shirley
STREET ADDRESS 4115 HUNT STREET
CITY-ST-ZIP JACKSONVILLE, FLORIDA 32254

☐ Change ☒ Addition

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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

AGLIN, JOHN E. ANGLIN, MARCH 17, 2000

Date

904-787-3041

Daytime Phone #

CR2E037 (9/99)