

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51018

1. Entity Name

CALVARY CHRISTIAN CENTER ASSEMBLY OF GOD OF CITR

Principal Place of Business

2728 E HARLEY ST
INVERNESS FL 34453

Mailing Address

2728 E HARLEY ST
INVERNESS FL 34453-9519

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

59-3070584

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

COOK, PHILIP J
1428 E ALLERGIE DR
INVERNESS FL 34453

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 PD ☐ Delete
NAME COOK, PHILIP J
STREET ADDRESS 930 STANFORD TERRACE
CITY-ST-ZIP INVERNESS FL

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

TITLE VD ☐ Delete
NAME PHILLIPS, DON
STREET ADDRESS 805 S ROSEMARY PT
CITY-ST-ZIP HOMOSASSA FL 34448

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

TITLE D ☐ Delete
NAME POPJOY, ED
STREET ADDRESS 424 N BRIGHTON RD
CITY-ST-ZIP LECANTO FL 34453

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

TITLE D ☐ Delete
NAME MERCER, GEORGE
STREET ADDRESS 2091 N. CROFT AVE
CITY-ST-ZIP HERNANDO FL 34442

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

TITLE D ☒ Delete
NAME FELLING, FOREST
STREET ADDRESS 1206 CYPRESS COVE CT. BOX 13
CITY-ST-ZIP INVERNESS FL 34450

TITLE ☐ Change ☒ Addition
NAME Randy Headlee
STREET ADDRESS 1794 N. Warner Terr.
CITY-ST-ZIP Hernando, FL 34442

TITLE D ☒ Delete
NAME BOCKER, ROLF
STREET ADDRESS 6090 N. SILVER PALM WAY
CITY-ST-ZIP BEVERLY HILLS FL 33465

TITLE ☐ Change ☒ Addition
NAME Dale Lacey
STREET ADDRESS 340 N. Cornish Pt.
CITY-ST-ZIP Lecanto FL 34461

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 information empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/00

X3526375100

CR2E037 (9/99)