

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90087 010 ****61.25

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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**COOK, PHILIP J
1428 E ALLERGRIE DR
INVERNESS FL 34453**

7. Name and Address of New Registered Agent

Name **RAIRICK, MICHAEL T.**Street Address (P.O. Box Number is Not Acceptable)
418 HIAWATHA AVECity **INVERNESS****FL**Zip Code **34452**

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

*Michael T. Rairick***MICHAEL T. RAIRICK****2-1-01**

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

TITLE **PD** ☐ Delete
NAME **COOK, PHILIP J**
STREET ADDRESS **930 STANFORD TERRACE**
CITY-ST-ZIP **INVERNESS FL**TITLE **VD** ☐ Delete
NAME **PHILLIPS, DON**
STREET ADDRESS **805 S ROSEMARY PT**
CITY-ST-ZIP **HOMOSASSA FL 34448**TITLE **D** ☐ Delete
NAME **POPJOY, ED**
STREET ADDRESS **424 N BRIGHTON RD**
CITY-ST-ZIP **LECANTO FL 34453**TITLE **D** ☐ Delete
NAME **MERCER, GEORGE**
STREET ADDRESS **2091 N. CROFT AVE**
CITY-ST-ZIP **HERNANDO FL 34442**TITLE **D** ☐ Delete
NAME **HEADLES, RANDY**
STREET ADDRESS **1794 N WARNER TERR.**
CITY-ST-ZIP **HERNANDO FL 34442**TITLE **D** ☐ Delete
NAME **LACEY, DALE**
STREET ADDRESS **340 N CORNISH PT**
CITY-ST-ZIP **LECANTO FL 34461**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **RAIRICK, MICHAEL T.**
STREET ADDRESS **418 HIAWATHA AVE.**
CITY-ST-ZIP **INVERNESS, FL 34452**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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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)(j), 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

2-1-01

Date

352-637-5100

Daytime Phone #

CR2E037 (10/00)