

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-22-2000 90030 021 ****61.25

DOCUMENT # N93000003733

1. Entity Name

THANKS TO CALVARY MINISTRIES, INC.

Principal Place of Business

Mailing Address

8359 STATE ROAD 100
MELROSE FL 32666

P.O. BOX 1076
MELROSE FL 32666-1076

2. Principal Place of Business

8238 Alderman Rd

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Melrose Fla.

City & State

Zip

Country

Zip

Country

32666

Clay

6. Name and Address of Current Registered Agent

STEPHENSON, ROBERT I
8359 STATE ROAD 100
MELROSE FL 32666

4. FEI Number

59-3206955

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Robert I Stephenson

1-15-2000

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	<input checked="" type="checkbox"/> Delete
NAME	STEPHENSON, ROBERT I	
STREET ADDRESS	8359 STATE ROAD 100	
CITY-ST-ZIP	MELROSE FL 32666	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	STEPHENSON, JEAN H	
STREET ADDRESS	8359 STATE ROAD 100	
CITY-ST-ZIP	MELROSE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEPHENSON, JENIFER	
STREET ADDRESS	P O BOX 1943 N/A 5630 CHEROKEE ST	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEPHENSON, JODY	
STREET ADDRESS	5630 CHEROKEE ST	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON Robert I	
STREET ADDRESS	8238 Alderman Rd	
CITY-ST-ZIP	Melrose FL 32666	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON Jean H	
STREET ADDRESS	8238 Alderman Rd	
CITY-ST-ZIP	Melrose FL 32666	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Robert I Stephenson

Date

1-15-2000

Daytime Phone #

352-475-1853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)