

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90083 028 \*\*\*\*61.25

**DOCUMENT # N93000003733**

1. Entity Name

**THANKS TO CALVARY MINISTRIES, INC.**



Principal Place of Business

**491 SE 28TH ST  
MELROSE FL 32666**

Mailing Address

**P.O. BOX 1076  
MELROSE FL 32666**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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

**STEPHENSON, ROBERT I  
8359 STATE ROAD 100  
MELROSE FL 32666**

Name

Street Address (P.O. Box Number is Not Acceptable)

**491 SE 28th St.**

City

**Melrose**

**FL**

Zip Code

**32666**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert I Stephenson**

**Robert I Stephenson**

**1-11-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **STEPHENSON, ROBERT I**  
STREET ADDRESS **491 SE 28TH ST**  
CITY-ST-ZIP **MELROSE FL 32666**

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

TITLE **VT** ☐ Delete  
NAME **STEPHENSON, JEAN H**  
STREET ADDRESS **491 SE 28TH ST**  
CITY-ST-ZIP **MELROSE FL 32666**

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

TITLE **S** ☐ Delete  
NAME **STEPHENSON, JENIFER**  
STREET ADDRESS **1220 S LAWRENCE BLVD**  
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

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

TITLE **D** ☐ Delete  
NAME **STEPHENSON, JODY**  
STREET ADDRESS **1220 S LAWRENCE BLVD**  
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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**

**1-11-03**

**352**

**475-1853**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)