

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001001

1. Entity Name

CALVARY CHAPEL OF LIBERIA, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90017 015 ****70.00

Principal Place of Business

Mailing Address

P. O. BOX 19065
PLANTATION FL 33318

P. O. BOX 19065
PLANTATION FL 33318-0065

2. Principal Place of Business

P.O. Box 372428

3. Mailing Address

P.O. Box 372428

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Satellite Beach, Florida

City & State

Satellite Beach, Florida

4. FEI Number

65-0475216

Applied For

Not Applicable

Zip

32937

Country

US

Zip

32937

Country

US

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

LOWE, CHET
1230 N.W. 74TH AVENUE
PLANTATION FL 33318

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DR. CHET A. LOWE, CHET A
1230 NW 74TH AVE
PLANTATION FL 33313 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Donald Cobb BMT
2401 W. Cypress Creek Rd
Ft. Lauderdale, FL 33309 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BMT
DEEB, CHARLES
3161 NW 63RD ST
FT. LAUDERDALE FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Gennarino DeStefano BMT
2401 W. Cypress Creek Rd
Ft. Lauderdale, FL 33309 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BMT
BOWLING, HAL
720 MCCALLIE AVE
CHATTANOOGA TN ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
William Pallowick BMT
104 Mayaca Dr.
Indian Harbour Beach, FL 32937 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BMT
BORREGARD, BILL
4002 DELLBROOK DR
TAMPA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BMT
ENGELS, KEN
10331 NW 18TH MN
PLANTATION FL 33322 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BMT
PALLOWICK, ANNETTE
780 NW 66 AVE
PLANTATION FL ☐ Delete

TITLE
NAME
STREET ADDRESS
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: Annette C Pallowick 5/1/2000 (321) 777-5974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)