

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90333 036 ****70.00

DOCUMENT # N94000001001

1. Entity Name

CALVARY CHAPEL OF LIBERIA, INC.

Principal Place of Business

**PO BOX 372428
 SATELLITE BEACH FL 32937
 US**

Mailing Address

**PO BOX 372428
 SATELLITE BEACH FL 32937
 US**

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

65-0475216

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

**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

Annette Pallowick

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/2002

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	BMT	<input type="checkbox"/> Delete
NAME	COBB, DONALD BMT	
STREET ADDRESS	231 NORWOOD AVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	BMT	<input type="checkbox"/> Delete
NAME	DESTEFANO, GENNARINO	
STREET ADDRESS	2401 W CYPRESS CREEK RD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	BMT	<input type="checkbox"/> Delete
NAME	PALLOWICK, WILLIAM	
STREET ADDRESS	104 MAYALA DR	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	BMT	<input type="checkbox"/> Delete
NAME	BORREGARD, BILL	
STREET ADDRESS	4002 DELLBROOK DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	BMT	<input type="checkbox"/> Delete
NAME	ENGELS, KEN	
STREET ADDRESS	10331 NW 18TH MN	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	BMT	<input type="checkbox"/> Delete
NAME	PALLOWICK, ANNETTE	
STREET ADDRESS	780 NW 66 AVE	
CITY-ST-ZIP	PLANTATION FL	

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BMT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALLOWICK, ANNETTE E	
STREET ADDRESS	104 MAYALA DR	
CITY-ST-ZIP	Indian Harbour Beach FL 32937	

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 Pallowick

4/30/2002

(321) 777-5974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)