

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003312

1. Entity Name

CALVARY CHURCH, INC.

Principal Place of Business

716 W MONTROSE ST
CLERMONT FL 34711
US

Mailing Address

P.O. BOX 120038
CLERMONT FL 34712-0038

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

59-3250107

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

KINSEY, R DALE
1150 HADDOCK DR
CLERMONT FL 34711

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	P	<input type="checkbox"/> Delete
NAME	KINSEY, R DALE	
STREET ADDRESS	1150 HADDOCK DR	
CITY-ST-ZIP	CLERMONT FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HIGDON, JUNE	
STREET ADDRESS	4234 AG RD	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDERSON, GEORGE	
STREET ADDRESS	11719 LAKE SUSAN COURT	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	GANT, JAMES	
STREET ADDRESS	6601 ROSE ST	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARNES, ELBERT	
STREET ADDRESS	6700 CHERRY LAKE ROAD	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWSOME, ROBERT	
STREET ADDRESS	12701 BRUCE HUNT ROAD	
CITY-ST-ZIP	CLERMONT FL 34711	

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	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00

Date

352-394-7227

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90057 045 ****70.00