

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 08, 2001 08:00 AM****Secretary of State****DOCUMENT # N94000003312**1. Entity Name  
CALVARY CHURCH, INC.Principal Place of Business  
716 W MONTROSE ST  
CLERMONT FL 34711  
USMailing Address  
P.O. BOX 120038  
CLERMONT FL 34712  
US

2. Principal Place of Business

3. Mailing Address  
P.O. BOX 120038

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
CLERMONT FL  
Zip Country  
34712 US4. FEI Number  
**59-3250107**Applied For  
Not Applicable5. 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 DRCLERMONT FL  
34711 US

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 \_\_\_\_\_ DATE **02/08/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)**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	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWSOME ROBERT			NAME	NEWSOME ROBERT		
STREET ADDRESS	12701 BRUCE HUNT ROAD			STREET ADDRESS	12701 BRUCE HUNT ROAD		
CITY-ST-ZIP	CLERMONT FL 34711			CITY-ST-ZIP	CLERMONT FL 34711		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GANT JAMES			NAME	GANT JAMES		
STREET ADDRESS	6601 ROSE ST			STREET ADDRESS	6601 ROSE ST		
CITY-ST-ZIP	GROVELAND FL 34736			CITY-ST-ZIP	GROVELAND FL 34736		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDERSON GEORGE			NAME	HENDERSON GEORGE		
STREET ADDRESS	11719 LAKE SUSAN COURT			STREET ADDRESS	11719 LAKE SUSAN COURT		
CITY-ST-ZIP	CLERMONT FL 34711			CITY-ST-ZIP	CLERMONT FL 34711		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIGDON JUNE			NAME	HIGDON JUNE		
STREET ADDRESS	4234 AG RD			STREET ADDRESS	4234 AG RD		
CITY-ST-ZIP	GROVELAND FL 34736			CITY-ST-ZIP	GROVELAND FL 34736		
TITLE	P	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KINSEY R DALE			NAME	KINSEY R DALE		
STREET ADDRESS	1150 HADDOCK DR			STREET ADDRESS	1150 HADDOCK DR		
CITY-ST-ZIP	CLERMONT FL			CITY-ST-ZIP	CLERMONT FL 34711		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(f), 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: June Higdon SD 02/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)