

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000004099**

1. Entity Name

CALVARY CHRISTIAN FELLOWSHIP OF OCALA, INC.

Principal Place of Business

**343 N.E. 1ST AVENUE
OCALA FL 34470**

Mailing Address

**343 N.E. 1ST AVENUE
OCALA FL 34470**

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

59-3261716

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

**WYNS, MICHAEL T
219 S.E. 20TH TERRACE
OCALA FL 34471**

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	PD	<input type="checkbox"/> Delete
NAME	WYNS, MICHAEL T	
STREET ADDRESS	219 S.E. 20TH TERRACE	
CITY-ST-ZIP	OCALA FL 34471	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JONES, ELBERT L	
STREET ADDRESS	1821 N.E. 49TH AVE	
CITY-ST-ZIP	OCALA FL 34470	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WARNER, MAURICE	
STREET ADDRESS	3551 S. HWY 314A	
CITY-ST-ZIP	OCKLAHAHA FL 32179	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES M. YOUNG, JR.	
STREET ADDRESS	1925 NW 60TH ST.	
CITY-ST-ZIP	OCALA, FL 34482	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBBS, MATTHEW	
STREET ADDRESS	5682 NE 21ST AVE RD.	
CITY-ST-ZIP	OCALA, FL 34479	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, BUTCH	
STREET ADDRESS	44 ALMOND TRAIL	
CITY-ST-ZIP	OCALA, FL 34472	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 6, 2002 622-5513

Date

Daytime Phone #

**FILED
Mar 14, 2001 8:00 am
Secretary of State**

03-14-2001 90472 004 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)