

2002 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WYNS, MICHAEL T	
STREET ADDRESS	219 S.E. 20TH TERRACE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	V	<input type="checkbox"/> Delete
NAME	YOUNG, JAMES M JR	
STREET ADDRESS	1925 NW 60TH ST	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GIBBS, MATTHEW	
STREET ADDRESS	5682 NW 21ST AVENUE ROAD	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GREEN, BUTCH	
STREET ADDRESS	44 ALMOND TRAIL	
CITY-ST-ZIP	OCALA FL 34472	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 10, 2002

Date

(352) 622-5513

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)