NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (以歸R)

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CALVARY CHRISTIAN FELLOWS	nity Name	
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DO NOT WRITE IN THIS SPACE		100000055755491 10/24/02-01095-018 **61.25
2. Principal Place of Business 343 N.E. 1ST AVE. 3. Mailing Addres 219 S.E. Suite, Apt. #, etc.	. 20™ TERR.	DO NOT WRITE IN THIS SPACE
City & State OCALA CLA	, FL	4. FEI Number 3261716 Applied For Not Applicable
34470 Country A 34471	Country U.S.A.	5. Certificate of Status Desired S8.75 Additional Fee Required
Name Maguas Table		7. Name and Address of Current Registered Agent CHAEL T. WYNS
1 214		P.O. Box Number is Not Acceptable) S.E. ZOTU TERR.
IN-THIS-SPACE		-
The above named entity submits this statement for the nurrose of change.	City OCAL	A 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 agrifund title if applicable. MICHAEL T. WYNS PRESIDENT 10-ZI-0Z (NOTE: Registered Agent signature required when reinstating) DATE		
Initial or Amended UBR Trust	on Campaign Financing Fund Contribution.	\$5.00 May Be Added to Fees Make Check Payable to Department of State
TITLE PRESIDENT NAME MICHAEL T. WYNS STREET ADDRESS CITY-ST-ZIP OCACA. FC. B4471	TITLE NAME STREET ADDRESS CTIY-ST-ZIP	OR2E037B (12/01)
TITLE VICE PRESIDENT NAME STREET ADDRESS 720 S.E. 474 ST. — 1 OCALA, FL. 34471	NAME STREET ADDRESS CITY-ST-ZIP	R. R
TITLE SECRETARY ITREASURER CHARLENE WYNS STREET ADDRESS CITY-ST-ZIP OCA (A, FL. 34471	NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME	NAME	IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE	TITLE NAME	•
STREET ADDRESS CITY-ST- ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME .	TITLE NAME	7.
STREET ADDRESS CITY-SI-ZIP	STREET ADDRESS CITY-ST-2IP	
12. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered. SIGNATURE: MICHAEL 7. WWWS 10-21-02 352-368-9647		
SIGNATURE:	MICHAEL 7	10-C1-OZ 352.368-9649