

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004800

1. Entity Name

CALVARY CHAPEL OF VERO BEACH, INC. ✓

Principal Place of Business

P.O. BOX 650585  
VERO BEACH FL 32965

Mailing Address

P.O. BOX 650585  
VERO BEACH FL 32965

2. Principal Place of Business

3. Mailing Address

P.O. Box 650585

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach FL

City & State

VERO Beach FL

Zip

32965

Country

Indian River

Zip

32965

Country

Indian River

6. Name and Address of Current Registered Agent

GALLAGHER, P. JAMES  
1906 18TH AVE S.W.  
VERO BEACH FL 32962

7. Name and Address of New Registered Agent

Name

P. JAMES GALLAGHER

Street Address (P.O. Box Number is Not Acceptable)

1906 18TH AVE S.W.

City

Vero Beach

FL

Zip Code

32962

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

7/18/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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

TITLE PD  
NAME GALLAGHER, P. JAMES  
STREET ADDRESS P.O. BOX 650585  
CITY-ST-ZIP VERO BEACH FL 32965 ☐ Delete

TITLE D  
NAME CIMINO, RICHARD  
STREET ADDRESS 10050 WOLF RD.  
CITY-ST-ZIP GRASS VALLEY CA 95949 ☐ Delete

TITLE D  
NAME CHAFFIN, RICH  
STREET ADDRESS 8842 BORFAL WAY  
CITY-ST-ZIP ELK GROVE CA 95758 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

7/18/00

Date

(561)

778-8819

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED  
Jul 25, 2000 8:00 am  
Secretary of State

07-25-2000 90101 045 \*\*\*\*61.25

CR2E037 (5/00)