

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004800

1. Entity Name

CALVARY CHAPEL OF VERO BEACH, INC.

FILED

Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90165 023 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 650585
VERO BEACH FL 32965

P.O. BOX 650585
VERO BEACH FL 32965

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

65-0697096

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

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

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

T
NAME Michael Ochsner
STREET ADDRESS 6380 FORESTER DR.
CITY-ST-ZIP H B LA 92648 ☐ Change ☒ Addition

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

D
NAME ANTHONY ONIZATO
STREET ADDRESS 322 S 32ND ST
CITY-ST-ZIP V. B. FL 32968 ☐ Change ☒ Addition

TITLE D
NAME CHAFFIN, RICH
STREET ADDRESS 9451 WINDRIFT LN
CITY-ST-ZIP ELK GROVE CA 95758 ☐ Delete

D
NAME JOSEPH BROWN
STREET ADDRESS 116 15TH AVE
CITY-ST-ZIP VERO BEACH FL 32962 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

PSIGATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-02

Date

(561) 794-9166

Daytime Phone #

CR2E037 (9/01)