

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005095

1. Entity Name

CALVARY CHAPEL CHRISTIAN FELLOWSHIP, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90058 008 ****61.25

Principal Place of Business

Mailing Address

28651 FAIRWEATHER DR
WESLEY CHAPEL FL 33543

28651 FAIRWEATHER DR
WESLEY CHAPEL FL 33543-5808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3405811

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

HOLM, MICHAEL A
28651 FAIRWEATHER DR
WESLEY CHAPEL FL 33543

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 D
NAME HOLM, MICHAEL A
STREET ADDRESS 28651 FAIRWEATHER DR
CITY-ST-ZIP WESLEY CHAPEL FL 33543 ☐ Delete

TITLE D
NAME COMPTON, TOMMY M
STREET ADDRESS 2315 WOOTEN RD. N.
CITY-ST-ZIP DOVER FL 33527 ☐ Delete

TITLE D
NAME SWEAT, DAVID
STREET ADDRESS 2429 SYDNEY DOVER RD.
CITY-ST-ZIP DOVER FL 33527 ☐ Delete

TITLE D
NAME NAFFZIGER, BRAD
STREET ADDRESS 423 E. COUNTY LINE RD.
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE D
NAME ULLRICH, TAMMY
STREET ADDRESS 317 SYDNEY WASHER RD.
CITY-ST-ZIP DOVER FL 33527 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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: *Tammy D. Ullrich* 3/20/00 813-659-0719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2FD37 (9/99)