

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000716

1. Entity Name

CALVARY CHAPEL OF OCALA, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90141 024 ****70.00

Principal Place of Business

Mailing Address

300 S.E. 1ST AVENUE
 OCALA FL 34481

P.O. BOX 6646
 OCALA FL 34478-6646

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3426713

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BERRIOS, EDWIN R
 6353 N.W. 64TH TERRACE
 OCALA FL 34482

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	<input type="checkbox"/> Delete
NAME	LVTES, ALAN	
STREET ADDRESS	18701 S.W. 57TH PLACE	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HYSON, MATT	
STREET ADDRESS	16832 S.W. 42ND RD	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERRIOS, EDWIN R	
STREET ADDRESS	6353 NW 64TH TERRACE	
CITY-ST-ZIP	OCALA FL 34482	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/S/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RODNEY E. EWING		
STREET ADDRESS	1651 S. PRESOTT AVENUE		
CITY-ST-ZIP	CLEARWATER, FL 33756		
TITLE	VID	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALAN LUTES		
STREET ADDRESS	18701 S.W. 57TH PLACE		
CITY-ST-ZIP	DUNNELLON, FL 34432		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ISRAEL ROSADO		
STREET ADDRESS	22408 OVERTURE CIRCLE		
CITY-ST-ZIP	ODDOR ATON, FL 33428		
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
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:

Edwin R. Berrios
 EDWIN R. BERRIOS, TREASURER 4-27-00 351/322-2241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/99)