

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

Zip

Country

Zip

Country

4. FEI Number

59-3426713

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

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 ☐ Delete
NAME LUTES, ALAN
STREET ADDRESS 18701 S.W. 57TH PLACE
CITY-ST-ZIP DUNNELLON FL 34432

TITLE P/S/D ☐ Change ☒ Addition
NAME D RODNEY E. EWING
STREET ADDRESS 1651 S. PRESLOTT AVENUE
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE SD ☒ Delete
NAME HYSON, MATT
STREET ADDRESS 16832 S.W. 42ND RD
CITY-ST-ZIP OCALA FL 34481

TITLE V/D ☒ Change ☐ Addition
NAME D ALAN LUTES
STREET ADDRESS 18701 S.W. 57TH PLACE
CITY-ST-ZIP DUNNELLON, FL 34432

TITLE TD ☐ Delete
NAME BERRIOS, EDWIN R
STREET ADDRESS 6353 NW 64TH TERRACE
CITY-ST-ZIP OCALA FL 34482

TITLE D ☐ Change ☒ Addition
NAME D ISRAEL ROSADO
STREET ADDRESS 22408 OVERTURE CIRCLE
CITY-ST-ZIP MOON RAYON, FL 33428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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, TREASURER 4-21-00 351/622-271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/99)