

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004753

1. Entity Name

CALVARY FULL GOSPEL CHURCH, INC.

Principal Place of Business

21730 VIRGINIA DR.
ASTOR FL 32102

Mailing Address

21730 VIRGINIA DR.
ASTOR FL 32102

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

31-1577873

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

SPITZER, DANNY R
21730 VIRGINIA DR.
ASTOR FL 32102

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 ☒ Delete
NAME SPITZER, DANNY R
STREET ADDRESS 21730 VIRGINIA DR.
CITY-ST-ZIP ASTOR FL 32102

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

TITLE ☐ Delete
NAME MARTIN, JOHN W
STREET ADDRESS COUNTY RD. 140, P.O. BOX 1378
CITY-ST-ZIP BUNNELL FL 32110

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

TITLE ☐ Delete
NAME MARTIN, CAROL
STREET ADDRESS COUNTY RD. 140, P.O. BOX 1378
CITY-ST-ZIP BUNNELL FL 32110

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

TITLE ☒ Delete
NAME SCHULTZ, RON
STREET ADDRESS 840 CENTER AVE., APT. 95
CITY-ST-ZIP HOLLY HILL FL 32117

TITLE ☒ Change ☐ Addition
NAME BARNES, Renée
STREET ADDRESS 24545 W. LOYD ST.
CITY-ST-ZIP ASTOR, FL 32102

TITLE ☒ Delete
NAME SCHULTZ, PATRICIA
STREET ADDRESS 840 CENTER AVE., APT. 95
CITY-ST-ZIP HOLLY HILL FL 32117

TITLE ☒ Change ☐ Addition
NAME BRYANT SANDY
STREET ADDRESS 298 MILITARY BLVD.
CITY-ST-ZIP ORMAND BEACH, FL 32174

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: DANNY R. SPITZER Danny R. Spitzer 4-9-01 352-757-3073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)