

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000004753**

1. Entity Name

CALVARY FULL GOSPEL CHURCH, INC.**FILED**
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90014 008 ****61.25

Principal Place of Business

Mailing Address

**21730 VIRGINIA DR.
ASTOR FL 32102****21730 VIRGINIA DR.
ASTOR FL 32102****DUU40440**

DO NOT WRITE IN THIS SPACE

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 \$61.259. 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** ☐ Delete
NAME **SPITZER, DANNY R**
STREET ADDRESS **21730 VIRGINIA DR.**
CITY-ST-ZIP **ASTOR FL 32102**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ 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-ZIPTITLE **D** ☐ 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-ZIPTITLE **D** ☐ Delete
NAME **BARNES, RENEE**
STREET ADDRESS **24545 W LOYD STREET**
CITY-ST-ZIP **ASTOR FL 32102**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BRYANT, SANDY**
STREET ADDRESS **298 MILITARY BLVD**
CITY-ST-ZIP **ORMOND BEACH FL 32174**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2-25-02**

Date

(352) 759-3073

Daytime Phone #

CR2E037 (9/01)