

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006558

1. Entity Name

CALVARY DELIVERANCE CENTER, INC.

FILED

Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90158 015 ****70.00

06-08-2000 90030 030 ****61.25

Principal Place of Business

CALVARY DELIVERANCE CENTER INC
4221 LENOX BLVD
ORLANDO FL 32811
US

Mailing Address

4221 LENOX BOULEVARD
ORLANDO FL 32811

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3473423

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAIN, REMONA
4221 LENOX BOULEVARD
ORLANDO FL 32811

7. Name and Address of New Registered Agent

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

After September 13, 2000 min. will be \$236.25

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

TITLE DP ☐ Delete
NAME BAIN, REMONA
STREET ADDRESS 2025 REVENALL AVENUE
CITY-ST-ZIP ORLANDO FL 32811

TITLE DVT ☐ Delete
NAME HARRIS, CLARA
STREET ADDRESS 538 TAMPA AVENUE
CITY-ST-ZIP ORLANDO FL 32805

TITLE D ☐ Delete
NAME TUCKER, TIMOTHY
STREET ADDRESS 4221 B LENOX BOULEVARD
CITY-ST-ZIP ORLANDO FL 32811

TITLE DS ☐ Delete
NAME MONTGOMERY, RUBY
STREET ADDRESS 3335 HARRIS STREET
CITY-ST-ZIP PLYMOUTH FL 32712

TITLE S ☐ Delete
NAME TOOKES, CARNETTE
STREET ADDRESS 4612 CARTER STREET
CITY-ST-ZIP ORLANDO FL 32811

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE Remona B. Bain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/14/00-401-8495035

CR2E037 (5/00)