

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007156

1. Entity Name

CALVARY CHAPEL CHURCH, INC.

Principal Place of Business

Mailing Address

2401 W CYPRESS CREEK RD
FT LAUDERDALE FL 33309

2401 W CYPRESS CREEK RD
FT LAUDERDALE FL 33309

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

65-0879835

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

DAVIS, MARK T
2401 W CYPRESS CREEK RD
FT LAUDERDALE FL 33309

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 \$81.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DAVIS, MARK
1481 NE 56TH CT
FT LAUDERDALE FL 33334 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP. S. D.
2401 W. Cypress Creek Rd.
FT. LAUDERDALE, FL 33309 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
COY, ROBERT J
5020 NW 57 TERRACE
POMPANO BEACH FL 33067 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P. D.
2401 W. Cypress Creek Rd.
FT. LAUDERDALE, FL 33309 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DAVIDSON, TIM
2000 NW 44 STREET
FORT LAUDERDALE FL 33309 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Tim DAVIDSON
2401 W. Cypress Creek Rd.
FT. LAUDERDALE, FL 33309 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-26-2002 90081 024 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

977-9673

1-28-02 951-454-454