

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

05-27-2002 90305 037 ****61.25

DOCUMENT # N98000002574

1. Entity Name

CALVARY CHAPEL CHURCH OF NEW SMYRNA BEACH, INC.

Principal Place of Business

Mailing Address

2193 SR 44
 NEW SMYRNA BEACH FL 32168
 US

2193 SR 44
 NEW SMYRNA BEACH FL 32168
 US

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

59-3569367

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

JANISSE, DENNIS H
2193 SR 44
NEW SMYRNA BEACH FL 32168

Name

Byers, Jeremy D.
 Street Address (P.O. Box Number is Not Acceptable)

2193 SR 44

City

NEW SMYRNA BEACH FL

Zip Code

32168

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **JANISSE, DENNIS**
 STREET ADDRESS **2193 SR 44**
 CITY-ST-ZIP **NEW SMYRNA BCH FL 32168**

TITLE **P** ☐ Change ☒ Addition
 NAME **Byers, Jeremy D.**
 STREET ADDRESS **2193 SR 44**
 CITY-ST-ZIP **NEW SMYRNA BCH FL 32168**

TITLE **D** ☐ Delete
 NAME **HILL, DAVID**
 STREET ADDRESS **4596 BEACON LIGHT RD**
 CITY-ST-ZIP **EDGEWATER FL 42141**

TITLE **P** ☐ Change ☒ Addition
 NAME **Tom Goff**
 STREET ADDRESS **2951 Allston St.**
 CITY-ST-ZIP **Deltona, FL 32738**

TITLE **D** ☐ Delete
 NAME **PIECHOWSKI, WARREN**
 STREET ADDRESS **109 BIGELOW DR**
 CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE **D** ☐ Change ☒ Addition
 NAME **David Sharr**
 STREET ADDRESS **2 Seaside Ct**
 CITY-ST-ZIP **Palm Coast, FL 32164**

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: **NOT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-2002 (386) 427-7767

CR2E037 (4/02)