

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007016 **AMENDED**

FILED

01 OCT -5 PM 12:56

1. Entity Name
Calvary Chapel Ormond Beach, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **2 Sea Side Ct. Palm Coast, FL 32164**
Mailing Address: **2 Sea Side Ct. Palm Coast, FL 32164**

Handwritten initials

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

09/17/01 90010 048 \$ 70.00

City & State, Zip, Country

4. FEI Number: **59-3547258**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**Sharp, David P.
2 Sea Side Ct.
Palm Coast, FL
32164**

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: _____ (NOTE: Registered Agent signature required when reissuing) 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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P Sharp, David P.
STREET ADDRESS	2 Sea Side Ct.
CITY-ST-ZIP	Palm Coast, FL 32164
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Lampe, Bruce
STREET ADDRESS	18 Winchester Rd.
CITY-ST-ZIP	Ormond Beach, FL 32104
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sannicandro, Mike
STREET ADDRESS	20 Azalea Dr.
CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (1/1/00)

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: *David P. Sharp* 10/2/01 386-437-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)