

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000408

1. Entity Name

CALVARY CHAPEL OF SOUTH ST. PETERSBURG, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90009 015 ****61.25

Principal Place of Business

1699 ALCAZAR WAY S.
ST. PETERSBURG FL 33712

Mailing Address

1699 ALCAZAR WAY S.
ST. PETERSBURG FL 33712-4903

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

59-3553897

Applied For

Not Applied

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

COPPLE, MARK
1699 ALCAZAR WAY S.
ST. PETERSBURG FL 33712

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

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 COPPLE, MARK
STREET ADDRESS 1699 ALCAZAR WAY S.
CITY-ST-ZIP ST. PETERSBURG FL 33712

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

TITLE D ☐ Delete
NAME LAIRD, VIVIAN
STREET ADDRESS 9990 56TH AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL 33708

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

TITLE D ☐ Delete
NAME WOLFF, WILLIAM
STREET ADDRESS 10050 59TH AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL 33708

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

TITLE D ☐ Delete
NAME HODGES, DANNY
STREET ADDRESS 4263 NARVAEZ ST. S.
CITY-ST-ZIP ST. PETERSBURG FL 33712

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

TITLE D ☐ Delete
NAME DODGE, DAVID
STREET ADDRESS 5213 16TH ST. S.
CITY-ST-ZIP ST. PETERSBURG FL 33705

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/00

Date

727-455-3252

Daytime Phone #