

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90003 043 ****61.25

0062101

DOCUMENT # N99000000408

1. Entity Name

CALVARY CHAPEL PINELLAS POINT INC.

Principal Place of Business

Mailing Address

**1699 ALCAZAR WAY S.
 ST. PETERSBURG FL 33712**

**1699 ALCAZAR WAY S.
 ST. PETERSBURG FL 33712**

934658

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3553897

Applied For

Not Applicable

Zip

Country

Zip

Country

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	<input type="checkbox"/> Delete
NAME	COPPLE, MARK	
STREET ADDRESS	1699 ALCAZAR WAY S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAIRD, VIVIAN	
STREET ADDRESS	9990 56TH AVE, N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLFF, WILLIAM	
STREET ADDRESS	10050 59TH AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	HODGES, DANNY	
STREET ADDRESS	4263 NARVAEZ ST. S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	DODGE, DAVID	
STREET ADDRESS	5213 16TH ST. S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A. Copple 03/14/01

Date

Daytime Phone #

CR2E037 (10/00)