

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90204 025 \*\*\*\*61.25

**DOCUMENT # N99000005368**

1. Entity Name

**LIGHT OF CALVARY EAST COAST CHURCH, INC.**



Principal Place of Business

**85 NORTH CAUSEWAY  
NEW SMYRNA BEACH FL 32168**

Mailing Address

**85 NORTH CAUSEWAY  
NEW SMYRNA BEACH FL 32168**

2. Principal Place of Business

**540 NORTH Dixie FREEWAY**

3. Mailing Address

**540 NORTH Dixie FREEWAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NEW SMYRNA BEACH, FL**

City & State

**NEW SMYRNA BEACH, FL**

Zip

**32168**

Country

**USA**

Zip

**32168**

Country

**USA**

4. FEI Number **52-2183763**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KAMMER, PAUL  
240 1/2 NORTH RIDGEWOOD AVE  
EDGEWATER FL 32132**

7. Name and Address of New Registered Agent

Name **Paul Kammer**  
Street Address (P.O. Box Number is Not Acceptable)  
**235 WILLOWOOD**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **KAMMER, PAUL**  
STREET ADDRESS **204 1/2 N. RIDGEWOOD AVENUE**  
CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE **VPD** ☒ Delete  
NAME **DENSON, BILL**  
STREET ADDRESS **3327 JUNIPER DRIVE**  
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **SD** ☐ Delete  
NAME **OWENS, GINNY**  
STREET ADDRESS **5649 WOOD STREET**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VPD** ☒ Change ☐ Addition  
NAME **Heath Hall**  
STREET ADDRESS **Edgewater, FL 32141**  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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: Paul Kammer**

CR2E037 (10/02)