

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000005929**

1. Entity Name

**CALVARY HILL PENTECOSTAL CHURCH, INC.****FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90086 050 \*\*\*\*61.25

0084685

Principal Place of Business

3652 ROCHE AVE.  
VERNON FL 32462

Mailing Address

PO BOX 629  
VERNON FL 32462

C0006151



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-3389969**

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

**HADDOCK, PRESTON**  
**2881 PIONEER RD**  
**VERNON FL 32462**

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:**  
**FEF 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 **BROCK, BOONE**  
STREET ADDRESS **3200 BOONE DR.**  
CITY-ST-ZIP **VERNON FL 32462**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **BUSH, TIM**  
STREET ADDRESS **2620 PARRISH STILL RD.**  
CITY-ST-ZIP **VERNON FL 32462**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **HADDOCK, RICKY**  
STREET ADDRESS **2684 MUD HILL RD.**  
CITY-ST-ZIP **VERNON FL 32462**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **HADDOCK, WILTON**  
STREET ADDRESS **2722 BONNETT POND RD.,**  
CITY-ST-ZIP **CHIPLEY FL 32428**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **PARISH, L. C.**  
STREET ADDRESS **3019 DAWKINS ST.**  
CITY-ST-ZIP **VERNON FL 32462**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **SMITH, STEVE**  
STREET ADDRESS **PO BOX 207**  
CITY-ST-ZIP **VERNON FL 32462**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10.00)