

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90007 019 ****61.25

DOCUMENT # 702431

1. Entity Name

THE CALVARY BAPTIST CHURCH OF GRANT INC

Principal Place of Business	Mailing Address
5840 OLD DIXIE HWY GRANT FL 32949 US	PO BOX 251 GRANT FL 32949-0251 US

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	Applied For
				00-2650715	Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COMBS, JAMES WM
6345 US #1 SOUTH
GRANT FL 32949

7. Name and Address of New Registered Agent

Name: Betty L. Combs
 Street Address (P.O. Box Number is Not Acceptable): 6345 U.S. #1 South
 Grant FL
 City: Grant FL Zip Code: 32949

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: *Betty L. Combs* (NOTE: Registered Agent signature required when reinstating) DATE: March 2, 2000

**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	CD	<input checked="" type="checkbox"/> Delete
NAME	COMBS, JAMES WM	
STREET ADDRESS	6345 US #1 SOUTH	
CITY-ST-ZIP	GRANT FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	BRINSON, BRENDA G	
STREET ADDRESS	4225 GRANT RD	
CITY-ST-ZIP	GRANT FL 32949	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SETTERGREN, BONITA	
STREET ADDRESS	7170 ORCHID TREE DR	
CITY-ST-ZIP	GRANT FL	
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	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty L. Combs	
STREET ADDRESS	6345 U.S. #1 S.	
CITY-ST-ZIP	Grant FL 32949	
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		
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: *Betty L. Combs* **Betty L. Combs** 3/2/00 (321) 423-5312
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)