

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90472 012 ****61.25

0000886

DOCUMENT # 702431

1. Entity Name

THE CALVARY BAPTIST CHURCH OF GRANT INC

Principal Place of Business

**5840 OLD DIXIE HWY
 GRANT FL 32949
 US**

Mailing Address

**PO BOX 251
 GRANT FL 32949
 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 **00-2650715**

Applied For
 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

7. Name and Address of New Registered Agent

COMBS, BETTY L

~~6345 US #1 SOUTH
 GRANT FL 32949~~

*660 Grandeur St SE
 Palm Bay Fl. 32909*

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 Delete
 NAME **CD COMBS, BETTY L**
 STREET ADDRESS **6345 US #1 SOUTH**
 CITY-ST-ZIP **GRANT FL 32949**

TITLE Change Addition
 NAME *CD Combs, Betty L.*
 STREET ADDRESS *660 Grandeur St. S.E.*
 CITY-ST-ZIP *PALM Bay Fl 32909*

TITLE Delete
 NAME **DC BRINSON, BRENDA G**
 STREET ADDRESS **4225 GRANT RD**
 CITY-ST-ZIP ~~GRANT FL 32949~~

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT SETTERGREN, BONITA**
 STREET ADDRESS **7170 ORCHID TREE DR**
 CITY-ST-ZIP **GRANT FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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: *Brenda G. Brinson* **3/12/01 321-724-6377**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)