

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90038 023 ****70.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 732585
 1. Entity Name
CALVARY BAPTIST CHURCH OF PERRY, INC.

Principal Place of Business 105 SANDRA ST BOX 1192 PERRY FL 32347	Mailing Address 105 SANDRA ST BOX 1192 PERRY FL 32347
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2. Principal Place of Business 2959 Golf Course Road Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1192 Suite, Apt. #, etc.
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City & State Perry, FL	City & State Perry, FL
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Zip 32348	Country USA	Zip 32348	Country USA
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4. FEI Number 59-2285058	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEGGE, STEVE
204 BISHOP BLVD
PERRY FL 32347

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	D CREWS, ROY M. RT 1, BOX 699 PERRY, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURPHY, ANNIE MAE RT 1, BOX 320 PERRY, FL 00000 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENKINS, ROBBIE RR 4 BOX 676 PERRY, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2306 Golf Course Road Perry, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD Beverly Battillo 680 Osteen Road Perry, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2370 Andrew Morgan Drive Perry, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** _____ DATE: **1-3-01** DAYTIME PHONE #: **(850) 584-3040**

CR2E037 (10/00)