


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000004974

1. Entity Name
CALVARY CHAPEL CHRISTIAN FELLOWSHIP OF MIAMI LAKES, INC.



Principal Place of Business Mailing Address

15305 NW 60TH AVE SUITE 100 15305 NW 60TH AVE SUITE 100
 MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014

DO NOT WRITE IN THIS SPACE



04082004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 65-1027963 Not Applicable

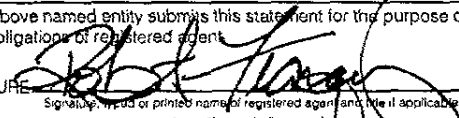
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANQUIZ, ROBERT
 6700 SW 38TH STREET
 MIAMI, FL 33155

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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:  DATE: 4/8/04

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees


U00000109434
 04/12/04-80040-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	MIMS, CARLS
STREET ADDRESS	2401 W CYPRSS CREEK ROAD
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309
TITLE	TD
NAME	VASQUEZ, RAZZ
STREET ADDRESS	6700 S.W. 38TH ST
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	D
NAME	LYON, KELLY
STREET ADDRESS	2401 W CYPRESS CREEK RD
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309
TITLE	PD
NAME	FRANQUIZ, ROBERT
STREET ADDRESS	6700 S.W. 38TH ST
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	D
NAME	DAVIDSON, TIMOTHY
STREET ADDRESS	3329 NW 55TH ST
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	PLOURDA, DAN
STREET ADDRESS	12925 159 CT NORTH
CITY - ST - ZIP	JUPITER, FL

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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:  Date: 4/8/04 Daytime Phone #: (305) 822-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR