2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004974

12925 159 CT NORTH

JUPITER, FL

Address:

City-St-Zip:

FILED Jaņ 16, 2<u>00</u>8 Secretary of State

Entity Name: CALVARY FELLOWSHIP, INC. **Current Principal Place of Business: New Principal Place of Business:** 15305 NW 60TH AVE SUITE 100 MIAMI LAKES, FL 33014 **Current Mailing Address: New Mailing Address:** 15305 NW 60TH AVE SUITE 100 MIAMI LAKES, FL 33014 FEI Number: 65-1027963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRANQUIZ, ROBERT 3085 SW 140 AVENUE MIRAMAR, FL 33027 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition MIMS, CARLS Name: Name: 2401 W CYPRSS CREEK ROAD Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: Title: Title: () Delete () Change () Addition Name: LYON, KELLY Name: Address: 2401 W CYPRESS CREEK RD Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: Title: () Delete Title: () Change () Addition FRANQUIZ, ROBERT Name: Name: 15305 NW 60TH AVE SUITE 100 Address: Address: City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: DAVIDSON, TIMOTHY Name: Address: 3329 NW 55TH ST Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition PLOURDE, DAN PLOURDE, DAN Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

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JUPITER, FL

SIGNATURE: ROBERT FRANQUIZ Ρ 01/16/2008