

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000005287 (8)**

1. Corporation Name

CALVARY CHAPEL OF MIAMI BEACH, INC.



Principal Place of Business

Mailing Address

**420 LINCOLN RD
STE 226
MIAMI BEACH FL 33139
US**

**420 LINCOLN RD
STE 226
MIAMI BEACH FL 33139
US**

3. Date Incorporated or Qualified
11/16/1993

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

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4. FEI Number

65-0479922

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOUNTAIN, ROBERT
5151 COLLINS AVE #828
MIAMI BEACH FL 33140**

81 Name **ROBERT FOUNTAIN**

82 Street Address (P.O. Box Number is Not Acceptable)
110 S. SHORE DRIVE # 6C

83

84 City **MIAMI BEACH** FL 85 Zip Code **33141**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Robert Fountain

ROBERT FOUNTAIN

PASTOR / PRES.

3/21/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **COY, ROBERT**
STREET ADDRESS **7900 NW 19 STREET**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☐ DELETE
NAME **TCHMDJIAN, STEPHAN**
STREET ADDRESS **1155 HILLSBORO MILE, UNIT #608**
CITY-ST-ZIP **HILLSBORO BEACH FL 33062**

TITLE **D** ☐ DELETE
NAME **FOUNTAIN, ROBERT**
STREET ADDRESS **5151 COLLINS AVE, #828**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **D** ☒ DELETE
NAME **DAVIDSON, TIMOTHY**
STREET ADDRESS **4852 POSEIDAN PLACE**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
1.2 NAME **STEPHEN COLE**
1.3 STREET ADDRESS **945 NE 118 STREET**
1.4 CITY-ST-ZIP **MIAMI, FL 33161**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert Fountain

ROBERT FOUNTAIN

3/21/96

305 866-5590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)