

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005287 (8)

1. Corporation Name

CALVARY CHAPEL OF MIAMI BEACH, INC.



Principal Place of Business 420 LINCOLN RD STE 324 Suite 324 MIAMI BEACH FL 33139 US		Mailing Address 420 LINCOLN RD STE 324 Suite 324 MIAMI BEACH FL 33139 US		3. Date Incorporated or Qualified 11/16/1993	
2. Principal Place of Business 21 Suite, Apt. #, etc. # 324 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. # 324 27 City & State 28 Zip 29 Country		4. FEI Number 65-0479922 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

FOUNTAIN, ROBERT
110 32 N.E. 9TH COURT
BISCAYNE PARK FL 33161

10. Name and Address of New Registered Agent

81 Name FOUNTAIN, ROBERT
82 Street Address (P.O. Box Number is Not Acceptable)
11000 NE 9th COURT
83
84 City BISCAYNE PARK FL 85 Zip Code 33161

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 PASTOR/DIRECTOR 7-18-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAZ, VAZQUEZ	1.2 NAME	
STREET ADDRESS	6700 S.W. 38TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ICHVIDIAN, STEPHAN	2.2 NAME	
STREET ADDRESS	4166 HILLOBORO MILE, UNIT #808	2.3 STREET ADDRESS	
CITY-ST-ZIP	HILLOBORO BEACH FL 33062	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOUNTAIN, ROBERT	3.2 NAME	FOUNTAIN, ROBERT
STREET ADDRESS	5451 COLLINS AVE, #828	3.3 STREET ADDRESS	11000 NE 9th COURT
CITY-ST-ZIP	MIAMI BEACH FL 33140	3.4 CITY-ST-ZIP	BISCAYNE PARK, FL. 33161
TITLE	RICK TUTTLE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	326 NE 26th Terr	4.2 NAME	TUTTLE, RICK
STREET ADDRESS	MIAMI, FL 33137	4.3 STREET ADDRESS	326 NE 26th Terr
CITY-ST-ZIP	MIAMI, FL 33137	4.4 CITY-ST-ZIP	MIAMI, FL 33137
TITLE	Michael BERG	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.O. Box 621057	5.2 NAME	BERG, Michael
STREET ADDRESS	ORLANDO, FL 32862	5.3 STREET ADDRESS	P.O. BOX 621057
CITY-ST-ZIP	ORLANDO, FL 32862	5.4 CITY-ST-ZIP	ORLANDO, FL. 32862
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 9/5/98 305) 531-2730
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/98)