FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003569 (0)

1. Corporation Name

SONCOAST CALVARY OF BOCA RATON, INC.

Principal Place of Business	Mailing Address
2161 NW 40TH AVE COCONUT CREEK FL 33066	P O BOX 276157 BOCA RATON FL 33427-6157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1994
3a. Date of Last Report:
4. FEI Number: 65-0507128 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business	2a. Mailing Address
21 400 SW 2nd Ave	26 400 SW 2nd Ave
Suite, Apt. #, etc. 22 Suite 102	Suite, Apt. #, etc. 27 Suite 102
City & State 23 Boca Raton, FL	City & State 28 Boca Raton FL
Zip / Country 24 33432 / 25	Zip / Country 29 33432 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CUTLER, STEVEN W
1900 CORPORATE BLVD NW
SUITE 301 WEST BUILDING
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: D. CHRISTOPHER COWEN, PRESIDENT
82 Street Address (P.O. Box Number is Not Acceptable): 2161 N.W. 40TH AVE
83
84 City: COCONUT CREEK FL 85 Zip Code: 33066

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: D. Christopher Cowen — D. CHRISTOPHER COWEN, PRES. — APRIL 18, 1995
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	P/D	☒ Change ☐ Addition
NAME	COWEN, D. CHRISTOPHER	1.2 NAME	D. CHRISTOPHER COWEN	
STREET ADDRESS	2161 NW 40TH AVE	1.3 STREET ADDRESS	2161 N.W. 40TH AVE	
CITY-ST-ZIP	COCONUT CREEK FL 33066	1.4 CITY-ST-ZIP	COCONUT CREEK, FL 33066	
TITLE	D	2.1 TITLE	T/D	☒ Change ☒ Addition
NAME	COWEN, LAUREL L	2.2 NAME	JOHN F MONTALVO, JR.	
STREET ADDRESS	2161 NW 40TH AVE	2.3 STREET ADDRESS	6650 ROYAL PALM BLVD APT A-109	
CITY-ST-ZIP	COCONUT CREEK FL 33066	2.4 CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	D	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	MULLER, ROBERT E	3.2 NAME	ROBERT E. MULLER	
STREET ADDRESS	227 KEY PALM RD	3.3 STREET ADDRESS	227 KEY PALM ROAD	
CITY-ST-ZIP	BOCA RATON FL 33432	3.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		4.1 TITLE	S/D	☐ Change ☒ Addition
NAME		4.2 NAME	GARY ST. GODARD	
STREET ADDRESS		4.3 STREET ADDRESS	3560 LLOYD DRIVE	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	OAKLAND PARK, FL 33309	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: John F. Montalvo, Jr. — TREASURER — 4/18/95 — (407)342-1729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN F. MONTALVO, JR.

(040159)