

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004019 (4)

1. Corporation Name

CALVARY CHAPEL OF GAINESVILLE, INC.



Principal Place of Business

Mailing Address

**3500 N. COURTENAY PARKWAY
MERRITT ISLAND FL 32953**

**3500 N. COURTENAY PARKWAY
MERRITT ISLAND FL 32953**

3. Date Incorporated or Qualified

08/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **P.O. Box 140779**

26 **P.O. Box 140779**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Gainesville, FL**

28 **Gainesville, FL**

24 Zip

Country

29 Zip

Country

24 **32614**

25 **USA**

29 **32614**

30 **USA**

4. FEI Number

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

**MEILLEUR, TED
3500 N. COURTENAY PARKWAY
MERRITT ISLAND FL 32953**

81 Name

Meilleur, Ted

82 Street Address (P.O. Box Number is Not Acceptable)

9911 SW 54th Lane

83

84 City

Gainesville

FL

85 Zip Code

32608

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

Ted Meilleur

Ted Meilleur

4/29/96

Signature, typed or printed name of registered agent; also 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 **PSTD** ☐ DELETE
NAME **MEILLEUR, TED**
STREET ADDRESS **3500 N. COURTENAY PARKWAY**
CITY - ST - ZIP **MERRITT ISLAND FL 32953**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **9911 SW 54th Lane**
1.4 CITY - ST - ZIP **Gainesville, FL 32608**

TITLE **D** ☐ DELETE
NAME **HEIDE, RUDI**
STREET ADDRESS **3500 N. COURTENAY PARKWAY**
CITY - ST - ZIP **MERRITT ISLAND FL 32953**

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

TITLE **D** ☐ DELETE
NAME **WILD, MALCOLM**
STREET ADDRESS **3500 N. COURTENAY PARKWAY**
CITY - ST - ZIP **MERRITT ISLAND FL 32953**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: **Ted Meilleur** **Ted Meilleur**

4/29/96 (352)336-4050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)