FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004019 (4)

CALVARY CHAPEL GAINESVILLE, INC.

Principal Place of Business Mailing Address P.O. BOX 140779 P.O. BOX 140779 3. Date incorporated or Qualified GAINESVILLE FL 32614 **GAINESVILLE FL 32614** 08/21/1995 4. FEI Number Applied For NOT APPLICABLE Not Applicable 2. Principal Place of Business 28. Mailing Address \$8.75 Additional 区 6. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Zip Ζιρ Country Country This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MEILLEUR, TED 82 Street Address (P.O. Box Number is Not Acceptable) 9911 SW 54TH LANE 83 **GAINESVILLE FL 32608** 84 City Zip Code AK 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. PSTD DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE MEILLEUR, TED 1.2 NAME 9911 SW 54TH LANE STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL 32608** CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition DELETE Change Ð 2.1 TITLE TITLE HEIDE, RUDI 22 NAME NAME 3500 N. COURTENAY PARKWAY 2.3 STREET ADDRESS STREET ADDRESS **MERRITT ISLAND FL 32953** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE ☐ Change WILD, MALCOLM NAME 3.2 NAME 3500 N. COURTENAY PARKWAY STREET ADDRESS 3.3 STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - St - ZiP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME

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.

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZW

TITLE

NAME

Ed MELLICULLITES Mail

DELETE

0729

4/10/98

FILED

May 05 1998 8:00am

Secretary of State

352-336-4050

☐ Change

☐ Addition

CR2E037 (10/97)