

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 09 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000004959 (1)**  
 1. Corporation Name  
**CALVARY CHAPEL OF THE PALM BEACHES, INC.**



Principal Place of Business <b>905 LAUREL DRIVE LAKE PARK FL 33403</b>	Mailing Address <b>P.O. BOX 12566 LAKE PARK FL 33403-2566 US</b>
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3. Date Incorporated or Qualified <b>10/18/1995</b>	
4. FEI Number <b>65-0618379</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent <b>NELSON, DARYL 905 LAUREL DRIVE LAKE PARK FL 33403</b>	10. Name and Address of New Registered Agent 81 Name <b>NELSON DARYL</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>905 LAUREL DRIVE</b> 83 84 City <b>LAKE PARK</b> FL 85 Zip Code <b>33403</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> DELETE	<b>D NESLON, DARYL 905 LAUREL DRIVE LAKE PARK FL 33403</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> DELETE	<b>D LERORE, RANDY 4315 GARAND LANE W. PALM BEACH FL 33406</b>	1.2 NAME	
TITLE <input checked="" type="checkbox"/> DELETE	<b>D TAYLOR, MELVIN 4731 B ORLEANS COURT W. PALM BEACH FL 33415</b>	1.3 STREET ADDRESS	
TITLE <input checked="" type="checkbox"/> DELETE	<b>D DAVE Mc NAUGHTON 405 Southwind Drive #5 North Palm Beach, Fla 33408</b>	1.4 CITY - ST - ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	<b>D AIMEE NELSON 905 LAUREL DR LAKE PARK Fla 33403</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		2.2 NAME	
TITLE <input type="checkbox"/> DELETE		2.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		2.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		3.2 NAME	
TITLE <input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		3.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		4.2 NAME	
TITLE <input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		4.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		5.2 NAME	
TITLE <input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		5.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		6.2 NAME	
TITLE <input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		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 \_\_\_\_\_ FEB-12-98 51-82-5392

CR2E037 (10/97)