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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004959

1. Corporation Name

CALVARY CHAPEL OF THE PALM BEACHES, INC.

147521 90117 29

Principal Place of Business

905 LAUREL DRIVE
LAKE PARK FL 33403

Mailing Address

P.O. BOX 12566
LAKE PARK FL 33403-2566
US



2. Principal Place of Business

21 6295 LAKE WORTH RD

Suite, Apt. #, etc.

22 25

City & State

23 LAKE WORTH FLA

Zip

24 33463

Country

25 Palm Beach

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 Zip

29

Country

30

3. Date Incorporated or Qualified

10/18/1995

4. FEI Number

65-0618379

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

9. Name and Address of Current Registered Agent

NELSON, DARYL
905 LAUREL DRIVE
LAKE PARK FL 33403

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D [] DELETE
NAME NESLON, DARYL
STREET ADDRESS 905 LAUREL DRIVE
CITY-ST-ZIP LAKE PARK FL 33403

TITLE D [] DELETE
NAME TAYLOR, MELVIN
STREET ADDRESS 4731 B ORLEANS COURT
CITY-ST-ZIP W. PALM BEACH FL 33415

TITLE D [] DELETE
NAME MCNAUGHTON, DAVE
STREET ADDRESS 405 SOUTHWIND DR SUITE 5
CITY-ST-ZIP N PALM BEACH FL 33408

TITLE D [] DELETE
NAME NELSON, AIMEE
STREET ADDRESS 905 LAUREL DR
CITY-ST-ZIP LAKE PARK FL 33403

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99 511-965-6526

Date

Daytime Phone #

CR2E037 (11/98)