


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # N96000004800 1. Entity Name CALVARY CHAPEL OF VERO BEACH, INC.	
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Principal Place of Business P.O. BOX 650585 VERO BEACH, FL 32965	Mailing Address P.O. BOX 650585 VERO BEACH, FL 32965
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DO NOT WRITE IN THIS SPACE

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01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0697096	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GALLAGHER, P. JAMES 2090 SPRING PLACE VERO BEACH, FL 32963

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLAGHER, P. JAMES P.O. BOX 650585 VERO BEACH, FL 32965
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAFFIN, RICH 9451 WINDRIFT LN ELK GROVE, CA 95758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OCHSNER, MICHAEL 6580 FORRESTER DRIVE MARBLE FALLS, AR 72648
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JOESPH 116 15 AVENUE VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ONARATO, ANTHONY 3225 3RD ST VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/29/05-80059-001 70.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1/24/05** **772 778 8819**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #