

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90100 018 \*\*\*\*70.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # N97000000716

1. Corporation Name  
**CALVARY CHAPEL OF OCALA, INC.**

Principal Place of Business 16832 SW 42ND LOOP OCALA FL 34481	Mailing Address 16832 SW 42ND LOOP OCALA FL 34481
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2. Principal Place of Business 21 <b>300 SE 1ST AVENUE</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 10646</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>02/06/1997</b>	4. FEI Number <b>59-3426713</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
22 City & State <b>OCALA, FLORIDA</b>	27 City & State <b>OCALA, FLORIDA</b>	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>	
23 Zip <b>34481</b>	25 Country <b>MARION</b>	28 Zip <b>34478</b>	30 Country <b>MARION</b>		

9. Name and Address of Current Registered Agent

**NISSENZONE, MARVIN**  
16832 SW 42ND LOOP  
OCALA FL 34481

10. Name and Address of New Registered Agent

81 Name **EDWIN R. BERRIOS**

82 Street Address (P.O. Box Number is Not Acceptable)  
**6353 NW 64TH TERRACE**

83

84 City **OCALA** FL 85 Zip Code **34482**

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 *Edwin R. Berrios* **EDWIN R. BERRIOS, TREASURER** DATE **4/2/99**

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> DELETE
NAME	NISSENZONE, MARVIN	
STREET ADDRESS	16832 SW 42ND LOOP	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MELLEUR, TED	
STREET ADDRESS	8911 SW 54TH LANE	
CITY-ST-ZIP	GAINESVILLE FL 34748	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WARD, CHRIS	
STREET ADDRESS	1314 MAJIGANS AVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	PRESIDENT (P) (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		ALAN LUTES	
1.3 STREET ADDRESS		18701 SW 57TH PLACE	
1.4 CITY-ST-ZIP		DUNNELLON, FL 34432	
2.1 TITLE	D	SECRETARY (S) (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		MATT HYSON	
2.3 STREET ADDRESS		16832 SW 42ND LOOP	
2.4 CITY-ST-ZIP		OCALA, FL 34481	
3.1 TITLE	D	TREASURER (T) (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		EDWIN R. BERRIOS	
3.3 STREET ADDRESS		6353 NW 64TH TERRACE	
3.4 CITY-ST-ZIP		OCALA, FL 34482	
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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: *Edwin R. Berrios* **EDWIN R. BERRIOS, TREASURER** DATE **4/2/99** 352/867-7500

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

CR2503 (11/98)