

**FILE NOW: FILING FEE IS \$61.2**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morone  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000001001 (6)**

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

Principal Place of Business Mailing Address  
P. O. BOX 19065 P. O. BOX 19065  
PLANTATION FL 33318 PLANTATION FL 33318



2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **02/28/1994** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **65-0475216** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

8. Name and Address of Current Registered Agent

**LOWE, CHET**  
1230 N.W. 74TH AVENUE  
PLANTATION FL 33318

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)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
DP	LOWE, CHET A	1230 NW 74TH AVE	PLANTATION FL 33313	<input type="checkbox"/>
BMT	DEEB, CHARLES	3161 NW 63RD ST	FT. LAUDERDALE FL 33309	<input type="checkbox"/>
BMT	BOWLING, HAL	202 W. BROW OVAL	LOOK OUT MTN TN 37350	<input type="checkbox"/>
BMT	BORREGARD, BILL	4618 TOURNAMENT BLVD	SARASOTA FL 34234	<input type="checkbox"/>
BMT	ENGELS, KEN	10331 NW 18TH MN	PLANTATION FL 33322	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
BMT	Stephan Tchividjian	2800 Gateway Drive	Pompano Beach, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BMT Chairperson	William J Pallowick	780 NW 66 Ave	Plantation, FL 33317	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BMT	Bowling, Hal	720 McAllister Ave	Chattanooga, TN 37403	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BMT	BORREGARD, Bill	402 DELLBROOK DR	Tampa, Florida 33624	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BMT Treasurer/Chairperson	Annette Pallowick	780 NW 66 Ave	Plantation, FL 33317	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certifies 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: Annette C. Pallowick - Annette Pallowick 4/28/96 (954) 432-2327  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)