

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N93000005287 (8)

1. Corporation Name

CALVARY CHAPEL OF MIAMI BEACH, INC.



Principal Place of Business

Mailing Address

420 LINCOLN RD  
STE 226  
MIAMI BEACH FL 33139  
US

420 LINCOLN RD  
STE 226  
MIAMI BEACH FL 33139-3009  
US

3. Date Incorporated or Qualified  
11/16/1993

3a. Date of Last Report  
03/26/1996

2. Principal Place of Business

2a. Mailing Address

21 420 LINCOLN ROAD

26 420 LINCOLN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 226

27 SUITE 226

City & State

City & State

23 MIAMI BEACH, FL

28 MIAMI BEACH, FL

Zip

Country

Zip

Country

24 33139

25 USA

29 33139

30 USA

4. FEI Number

65-0479922

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



9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOUNTAIN, ROBERT

~~110 S. SHORE DRIVE #8C~~  
~~MIAMI BEACH FL 33141~~

81 Name ROBERT FOUNTAIN

82 Street Address (P.O. Box Number is Not Acceptable)  
110 32 NE 9th Court

83

84 City BISCAYNE PARK, FL 85 Zip Code 33161

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME ~~COLE, STEPHEN~~  
STREET ADDRESS ~~045 NE 118 STREET~~  
CITY - ST - ZIP ~~MIAMI FL~~

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME RAZZ VAZQUEZ  
1.3 STREET ADDRESS 6700 SW 38th Street  
1.4 CITY - ST - ZIP MIAMI, FL 33155

TITLE D ☐ DELETE  
NAME TCHMDJIAN, STEPHAN  
STREET ADDRESS 1155 HILLSBORO MILE, UNIT #608  
CITY - ST - ZIP HILLSBORO BEACH FL 33062

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

TITLE D ☐ DELETE  
NAME FOUNTAIN, ROBERT  
STREET ADDRESS 5151 COLLINS AVE, #828  
CITY - ST - ZIP MIAMI BEACH FL 33140

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 42 or Block 43 if changed, or on an attachment with an address.

SIGNATURE: *Robert Fountain* ROBERT FOUNTAIN

4/20/97

Daytime Phone # 0007200

CR2E037 (9/96)