

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003124

**Entity Name:** CALVARY CHAPEL OF KENDALL, INC.**Current Principal Place of Business:**16435 SW 117TH AVENUE  
MIAMI, FL 33177**Current Mailing Address:**16435 SW 117TH AVENUE  
MIAMI, FL 33177**FEI Number:** 65-1099676**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARCIA, PEDRO P  
16435 SW 117TH AVENUE  
MIAMI, FL 33177 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | PD                    |
| Name            | GARCIA, PEDRO         |
| Address         | 16435 SW 117TH AVENUE |
| City-State-Zip: | MIAMI FL 33177        |

|                 |                       |
|-----------------|-----------------------|
| Title           | TD                    |
| Name            | DAVIDSON, TIM         |
| Address         | 16435 SW 117TH AVENUE |
| City-State-Zip: | MIAMI FL 33177        |

|                 |                       |
|-----------------|-----------------------|
| Title           | DIRECTOR              |
| Name            | FRANQUIZ, ROBERT      |
| Address         | 16435 SW 117TH AVENUE |
| City-State-Zip: | MIAMI FL 33177        |

|                 |                       |
|-----------------|-----------------------|
| Title           | SD                    |
| Name            | SHANK, ROBERT         |
| Address         | 16435 SW 117TH AVENUE |
| City-State-Zip: | MIAMI FL 33177        |

|                 |                       |
|-----------------|-----------------------|
| Title           | D                     |
| Name            | MION, LUIS            |
| Address         | 16435 SW 117TH AVENUE |
| City-State-Zip: | MIAMI FL 33177        |

|                 |                       |
|-----------------|-----------------------|
| Title           | D                     |
| Name            | TCHIVIDJIAN, STEPHAN  |
| Address         | 16435 SW 117TH AVENUE |
| City-State-Zip: | MIAMI FL 33177        |

|                 |                       |
|-----------------|-----------------------|
| Title           | DIRECTOR              |
| Name            | NG, ABE               |
| Address         | 16435 SW 117TH AVENUE |
| City-State-Zip: | MIAMI FL 33177        |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LUIS MION**BOARD MEMBER****02/25/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date