

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000009064

**Entity Name:** CALVARY CHAPEL HOMOSASSA, INC.

**Current Principal Place of Business:**

3705 S. INDIANA TERRACE  
HOMOSASSA, FL 34448

**Current Mailing Address:**

PO BOX 112 HOMOSASSA SPRINGS FL 34447  
HOMOSASSA, FL 34447 US

**FEI Number: 85-2668258**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WOODS, CHARLES C  
5060 S. CRAIG PT.  
HOMOSASSA, FL 34446 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 P  
Name WOODS, CHARLES C  
Address 5060 S. CRAIG PT.  
City-State-Zip: HOMOSASSA FL 34446

Title VP  
Name ASCOUGH, DAVID J. SR.  
Address 2745 W.WOODTHRUSH ST.  
City-State-Zip: LECANTO FL 34461

Title SECRETARY  
Name SMITH, GREGORY E  
Address 4631 W. CARDINAL ST.  
City-State-Zip: HOMOSASSA FL 34446

Title OFFICER  
Name BECKHOLT, JERRY D  
Address 27 AMBER COURT  
City-State-Zip: HOMOSASSA FL 34446

Title OFFICER  
Name WELVAERT, MARK  
Address 5280 TROPICAL PT  
City-State-Zip: WEEKI WACHEE FL 34607

*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: CHARLES WOODS**

**PRESIDENT**

**03/11/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date