

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004800

Entity Name: CALVARY CHAPEL OF VERO BEACH, INC.**Current Principal Place of Business:**941 18TH STREET
VERO BEACH, FL 32960**Current Mailing Address:**P.O. BOX 650585
VERO BEACH, FL 32965 US**FEI Number:** 65-0697096**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GALLAGHER, P. JAMES
941 18TH STREET
VERO BEACH, FL 32960 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 | PRESIDENT/DIRECTOR |
| Name | GALLAGHER, P. JAMES |
| Address | P.O. BOX 650585 |
| City-State-Zip: | VERO BEACH FL 32965 |

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|-----------------|--------------------|
| Title | DIRECTOR |
| Name | CHAFFIN, RICH |
| Address | 9451 WINDRIFT LN |
| City-State-Zip: | ELK GROVE CA 95758 |

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|-----------------|---------------------|
| Title | TREASURER/DIRECTOR |
| Name | OCHSNER, MICHAEL B |
| Address | 130 WATERWAY LANE |
| City-State-Zip: | VERO BEACH FL 32963 |

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|-----------------|---------------------|
| Title | SECRETARY |
| Name | VITALE, PETER |
| Address | 2255 47TH AVENUE |
| City-State-Zip: | VERO BEACH FL 32966 |

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|-----------------|---------------------|
| Title | DIRECTOR |
| Name | OFFILL, STEVEN |
| Address | P.O. BOX 650585 |
| City-State-Zip: | VERO BEACH FL 32965 |

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|-----------------|---------------------|
| Title | DIRECTOR |
| Name | OVERFIELD, RICHARD |
| Address | P.O. BOX 650585 |
| City-State-Zip: | VERO BEACH FL 32965 |

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: OCHSNER, MICHAEL B**TREASURER****01/18/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date