

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 714398 (5)
1. Corporation Name
CALVARY CHAPEL FREEWILL BAPTIST CHURCH, INC.



Principal Place of Business Mailing Address
8530 STIRLING ROAD 8530 STIRLING ROAD
HOLLYWOOD FL 33024 HOLLYWOOD FL 33024

3. Date Incorporated or Qualified 04/05/1968 3a. Date of Last Report 03/16/1995
4. FEI Number 59-1447539 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

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 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

MONTGOMERY, LARRY M.
8530 STIRLING RD.
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81 Name Edgmon, Anthony
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 Anthony Edgmon Associate Pastor 1-21-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GARNER, JOHN	1.2 NAME	
STREET ADDRESS	8020 S.W. 54TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	1.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HARBECK, DIANE	2.2 NAME	
STREET ADDRESS	11050 LAKEVIEW DRIVE N	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GRANIE, JOE	3.2 NAME	
STREET ADDRESS	10770 N.W. 26TH PL.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HERL, JOHN	4.2 NAME	
STREET ADDRESS	5124 S.W. 83 AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MOSLEY, BILL	5.2 NAME	
STREET ADDRESS	5225 SW 90 AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	5.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BOLTA, JAMES	6.2 NAME	
STREET ADDRESS	9100 SW 55 ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/96 305-431-1468
Date Daytime Phone #

CR2E037 (12/95)