## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 03, 2004 08:00 AM **DOCUMENT # 714398** 1. Entity Name **Secretary of State** CALVARY CHAPEL FREEWILL BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 8530 STIRLING ROAD HOLLYWOOD FL 33024 8530 STIRLING ROAD HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-1447539 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THOMAS, DAVID Street Address (P.O. Box Number is Not Acceptable) 8530 STIRLING RD. HOLLYWOOD FL 33024 City Zio Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) **\$5.00** May Be FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE ☐ Change Addition THOMAS, DAVID NAME NAME 8530 STIRLING RD STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33024 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE HARBECK, DIANE NAME NAME U00000075690 18252 NW 15TH CT STREET ADDRESS STREET ADDRESS 03/03/04-80069-019 61.25 PEMBROKE PINES FL CITY-ST-ZIP CITY - ST-ZIP Change Addition TITLE ☐ Detete TIDLE ALLEN, KEVIN NAME NAME 650 NW 65TH TERR STHELT ADURESS STREET ADDRESS MARGATE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE HERL, JOHN NAME NAME 5124 S.W. 93 AVE. STREET ADDRESS STREET ADDRESS COOPER CITY FL CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TIMLE ☐ Delete BOLTA, JAMES NAME NAME 9100 SW 55 ST. STREET ADDRESS STREET ADDRESS COOPER CITY FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITUE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP 12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**FILED**