

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714398

FILED
Feb 22, 2005
Secretary of State

Entity Name: CALVARY CHAPEL FREEWILL BAPTIST CHURCH, INC.

Current Principal Place of Business:

8530 STIRLING ROAD
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

8530 STIRLING ROAD
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 59-1447539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, DAVID
8530 STIRLING RD.
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMAS, DAVID
Address: 8530 STIRLING RD
City-St-Zip: HOLLYWOOD, FL 33024

Title: T () Delete
Name: HARBECK, DIANE,
Address: 18252 NW 15TH CT
City-St-Zip: PEMBROKE PINES, FL

Title: D () Delete
Name: ALLEN, KEVIN
Address: 650 NW 65TH TERR
City-St-Zip: MARGATE, FL

Title: D () Delete
Name: HERL, JOHN,
Address: 5124 S.W. 93 AVE.
City-St-Zip: COOPER CITY, FL

Title: S () Delete
Name: BOLTA, JAMES,
Address: 9100 SW 55 ST.
City-St-Zip: COOPER CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T/S (X) Change () Addition
Name: HARBECK, DIANE M
Address: 18252 NW 15TH CT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D (X) Change () Addition
Name: ALLEN, KEVIN
Address: 5213 SW 90 TERR
City-St-Zip: COOPER CITY, FL 33328

Title: D (X) Change () Addition
Name: HERL, JOHN
Address: 5124 S.W. 93 AVE.
City-St-Zip: COOPER CITY, FL 33328

Title: D (X) Change () Addition
Name: GARY, HARBECK
Address: 18252 NW 15 COURT
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DIANE M HARBECK

T/S

02/22/2005

Electronic Signature of Signing Officer or Director

Date