


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 757584 1. Entity Name CALVARY CHAPEL OF MERRITT ISLAND, INC.	
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Principal Place of Business 3500 N COURTENAY PKWY MERRITT ISLAND, FL 32953	Mailing Address 3500 N COURTENAY PKWY MERRITT ISLAND, FL 32953
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DO NOT WRITE IN THIS SPACE

06302005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2093178	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILD,MALCOLM
3500 N. COURTENAY PARKWAY
MERRITT ISLAND, FL 32953**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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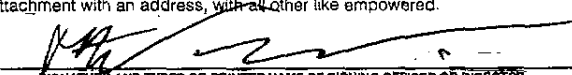
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILD,MALCOLM 3500 N. COURTENAY PKWY MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HEIDE, RUDI E. 1328 AUDUBON DRIVE COCOA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COY,ROY 3130 WATER OAK DRIVE MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/11/05-80001-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-05 321-453-6779
Date Daytime Phone #