

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2007  
Secretary of State**

DOCUMENT# N00000004744

Entity Name: CALVARY CHAPEL IN CORAL SPRINGS, INC.

**Current Principal Place of Business:**

7400 WILES ROAD, SUITE 105  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

7400 WILES ROAD, SUITE 105  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

FEI Number: 65-1024813      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLORES, GUSTAVO E  
7560 PARKSIDE PLACE  
MARGATE, FL 33063      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: PD      ( ) Delete  
Name: FLORES, GUSTAVO E  
Address: 7560 PARKSIDE PLACE  
City-St-Zip: MARGATE, FL 33063

Title: TD      (X) Delete  
Name: REUL, JOSEPH  
Address: 5221 ROSEN BLVD  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD      ( ) Delete  
Name: ARGUELLES, ORLANDO  
Address: 7102 NW 67 STREET  
City-St-Zip: TAMARAC, FL 33321

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GUSTAVO FLORES

PD

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date