

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2008
Secretary of State**

DOCUMENT# N00000006922

Entity Name: CALVARY CHAPEL OF FLAGLER COUNTY, INC.

Current Principal Place of Business:

4601 E. HIGHWAY 100
UNIT J8
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

39 COLUMBUS COURT
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 59-3673744 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HITZ, ANDREW M
39 COLUMBUS COURT
PALM COAST, FL 32137 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: PSD () Delete
Name: HITZ, ANDREW M
Address: 39 COLUMBUS COURT
City-St-Zip: PALM COAST, FL 32137

Title: TD () Delete
Name: HITZ, SHARIE
Address: 39 COLUMBUS COURT
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: BLACKWELL, DAVID P
Address: 4267 FOX TRACE
City-St-Zip: BOYNTON BCH, FL 33436

Title: D () Delete
Name: MARSE, GEORGE
Address: 4117 FLORAL DR
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: MASSEY, JOSEPH
Address: 12460 SANDWEDGE DR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: EKSTEIN, DAVID
Address: 9576 SW ADAMS ST
City-St-Zip: OKEECHOBEE, FL 34974

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:

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City-St-Zip:

Title: () Change () Addition
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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: ANDREW M HITZ

P

04/14/2008

Electronic Signature of Signing Officer or Director

_____ Date