

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

**FILED  
Apr 04, 2007  
Secretary of State**

DOCUMENT# N00000007921

Entity Name: CALVARY CHAPEL, NORTH PINELLAS, INC.

**Current Principal Place of Business:**

32676 U.S. HWY 19 NORTH  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

32676 U.S. HWY 19 NORTH  
PALM HARBOR, FL 34684

**New Mailing Address:**

FEI Number: 59-3684388      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NELSON, JAMES  
4712 WINDFLOWER CIRCLE  
TAMPA, FL 33624 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: ROBINSON, BRETT  
Address: 2703 WOODHAVEN CT  
City-St-Zip: CLEARWATER, FL 33761

Title: VPD ( ) Delete  
Name: NELSON, JAMES  
Address: 4712 WINDFLOWER CIRCLE  
City-St-Zip: TAMPA, FL 33624

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

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 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: JAMES NELSON

VPD

04/04/2007

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

\_\_\_\_\_  
Date