


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90074 025 \*\*\*\*61.25

<b>DOCUMENT #</b> N01000007030	
<b>1. Entity Name</b> CALVARY CHAPEL SOUTH ORLANDO, INC.	

<b>Principal Place of Business</b> 1140 EAST DONEGAN AVENUE KISSIMMEE, FL 34744	<b>Mailing Address</b> 1140 EAST DONEGAN AVENUE KISSIMMEE, FL 34744
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<b>2. Principal Place of Business - No P.O. Box #</b> 5232 S. ORANGE AVE Suite, Apt. #, etc.	<b>3. Mailing Address</b> 5232 S. ORANGE AVE Suite, Apt. #, etc.
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<b>City &amp; State</b> ORLANDO, FL	<b>City &amp; State</b> ORLANDO, FL
<b>Zip</b> 32809	<b>Country</b> ORANGE

40013602



02032007 Chg-NP CR2E037 (12/06)

<b>4. FEI Number</b> 59-3749495	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b> NESTOR, CHARLES II 1140 E. DONGGAN AVE KISSIMMEE, FL 34744	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 5232 S. ORANGE AVE. City ORLANDO FL Zip Code 32809
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**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 Charles B. Nestor II DATE 2-7-07  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> D <b>NAME</b> NESTOR, CHARLES II <b>STREET ADDRESS</b> 1140 E. DONGGAN AVE <b>CITY-ST-ZIP</b> KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> Nestor, Charles <b>STREET ADDRESS</b> 5232 S. orange Ave <b>CITY-ST-ZIP</b> Orlando, FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> WILD, MALCOLM <b>STREET ADDRESS</b> 3500 NORTH COURTENAY PARKWAY <b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> S <b>NAME</b> MELIA, CAROLYN J <b>STREET ADDRESS</b> 1007 ROCKLEDGE DRIVE <b>CITY-ST-ZIP</b> ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Carolyn J. Melia 2/3/07 321-609-9109  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #