

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01620

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** CALVARY CHAPEL - GULF BREEZE, INCORPORATED

**Current Principal Place of Business:**

1140 HARRISON AVE  
GULF BREEZE, FL 32563 US

**New Principal Place of Business:**

**Current Mailing Address:**

1140 HARRISON AVE  
GULF BREEZE, FL 32563 US

**New Mailing Address:**

**FEI Number:** 59-2386130      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

SPENCER, JOHN S CPD  
1116 MARY FOX COURT  
GULF BREEZE, FL 32563 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: CPD ( ) Delete  
Name: SPENCER, JOHN S  
Address: 1116 MARY FOX COURT  
City-St-Zip: GULF BREEZE, FL 32563 US

Title: D ( ) Delete  
Name: AYLSTOCK, BRYAN F  
Address: 1192 OLD TRAIL ROAD  
City-St-Zip: GULF BREEZE, FL 32563 US

Title: D (X) Delete  
Name: COX, MARK A  
Address: 4689 MAGNOLIA HILL COURT  
City-St-Zip: PACE, FL 32571 US

Title: D ( ) Delete  
Name: HUTSON, THOMAS R  
Address: 522 FAIRPOINT DRIVE  
City-St-Zip: GULF BREEZE, FL 32561 US

Title: D ( ) Delete  
Name: LEMON, RAYMOND C  
Address: 2972 CORAL STRIP PARKWAY  
City-St-Zip: GULF BREEZE, FL 32563 US

Title: D ( ) Delete  
Name: WEBSTER, CHARLES T  
Address: 4113 SOUNDPOINTE DRIVE  
City-St-Zip: GULF BREEZE, FL 32563

**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:

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: JOE T. PRESTRIDGE

S

04/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date