

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000617

FILED  
Jan 06, 2005  
Secretary of State

Entity Name: CALVARY CHRISTIAN FELLOWSHIO OF HOMESTEAD, INC.

**Current Principal Place of Business:**

2610 SE 5TH COURT  
HOMESTEAD, FL 33033

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 901261  
HOMESTEAD, FL 33090

**New Mailing Address:**

FEI Number: 68-0488460      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CLAUNCH, SCOTT  
2610 SE 5TH COURT  
HOMESTEAD, FL 33033      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: CLAUNCH, SCOTT  
Address: 2610 SE 5TH COURT  
City-St-Zip: HOMESTEAD, FL 33033

Title: VD      ( ) Delete  
Name: VAZQUEZ, RAZZ  
Address: 1645 SW 86TH AVENUE  
City-St-Zip: MIAMI, FL 33155

Title: STD      ( ) Delete  
Name: GARCIA, PEDRO  
Address: 12350 SW 132ND COURT #205  
City-St-Zip: MIAMI, FL 33186

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

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

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

Title: STD      (X) Change ( ) Addition  
Name: GARCIA, PEDRO  
Address: 12360 SW 132ND COURT #203  
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SCOTT CLAUNCH

PD

01/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date