2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004
Secretary of State

DOCUMENT# N02000005801

Entity Name: CALVARY TABERNACLE OF DELRAY BEACH INC.

Current Principal Place of Business:

5780 WEST ATLANTIC AVE
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

22408 OVERTURE CIRCLE
BOCA RATON, FL 33428

New Mailing Address:

FEI Number: 02-0632764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROSADO, ISRAEL
22408 OVERTURE CIRCLE
BOCA RATON, FL 33428 PB 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:	SVP	( ) Delete
Name:	COMERFORD, JIM	
Address:	38 BETHESDA PARK	
City-St-Zip:	BOYNTON BEACH, FL 33435	
Title:	CB	( ) Delete
Name:	RITER, TYE	
Address:	1245 NW 22ND AVE	
City-St-Zip:	DELRAY BEACH, FL 33445	
Title:	VP	( ) Delete
Name:	STULTZ, CHRIS	
Address:	4991 SW 7TH STREET	
City-St-Zip:	MARGATE, FL 33068	
Title:	CFO	( ) Delete
Name:	PERONE, JOE	
Address:	4075 C VILLAGE DR	
City-St-Zip:	DELRAY BEACH, FL 33445	
Title:	ATVP	( ) Delete
Name:	BELTRAN, CARLOS	
Address:	1625 EAST RIVER DR	
City-St-Zip:	MARGATE, FL 33063	
Title:	VPAT	( ) Delete
Name:	NICHOLSON, SEAN	
Address:	205 SE 10TH STREET #E9	
City-St-Zip:	DERFIELD BEACH, FL 33441	

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 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: JIM COMERFORD SVP 06/21/2004

Electronic Signature of Signing Officer or Director — Date