2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005801

FILED May 04, 2008 Secretary of State

Entity Name: CALVARY TABERNACLE OF DELRAY BEACH INC. **Current Principal Place of Business: New Principal Place of Business:** 5780 WEST ATLANTIC AVE DELRAY BEACH, FL 33445 **Current Mailing Address: New Mailing Address:** 22408 OVERTURE CIRCLE BOCA RATON, FL 33428 FEI Number: 02-0632764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSADO, ISRAEL ROSADO, ISRAEL CB 22408 OVERTURE CIRCLE 22408 OVERTURE CIRCLE BOCA RATON, FL 33428 PB US BOCA RATON, FL 33428 PB US 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: ISRAEL ROSADO 05/04/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ROSADO, ISRAEL Name: Name: 22408 OVERTURE CIRCLE Address: Address: City-St-Zip: BOCA RATON, FL 33428 US City-St-Zip: Title: CFO () Delete Title: (X) Change () Addition Name: BELTRAN, CARLOS Name: GARLANGER, ROBERT M CFO Address: 1625 EAST RIVER DR Address: 225 LOGWOOD AVENUE City-St-Zip: MARGATE, FL 33063 City-St-Zip: BOCA RATON, FL 33428 Title: () Delete Title: () Change (X) Addition FASCINETTO, MANUEL VP Name: Name: 2929 SOUTH OCEAN BOULEVARD #313 Address: Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33432

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: ISRAEL ROSADO CB 05/04/2008