

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010891

FILED  
Jul 15, 2008  
Secretary of State

Entity Name: CALVARY CHAPEL DELTONA, INC.

## Current Principal Place of Business:

2740 DOYLE ROAD  
DELTONA, FL 32764

## New Principal Place of Business:

## Current Mailing Address:

2740 DOYLE ROAD  
DELTONA, FL 32764

## New Mailing Address:

P.O. BOX 390025  
DELTONA, FL 32739

FEI Number: 90-0130505      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

WINTERS, JAMES M  
1739 HAZELTON AVENUE  
DELTONA, FL 32738      US

## Name and Address of New Registered Agent:

SHARP, DAVID P  
2 RIVER PL.  
PALM COAST, FL, FL 32164      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: DAVID P. SHARP

07/15/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: WINTERS, JAMES M  
Address: 1739 HAZELTON AVENUE.  
City-St-Zip: DELTONA, FL 32738

Title: VD      ( ) Delete  
Name: WINTERS, SHARON L  
Address: 1739 HAZELTON AVENUE  
City-St-Zip: DELTONA, FL 32738

Title: TD      ( ) Delete  
Name: DAVIDSON, TIM  
Address: 2000 NW 44TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: TD      ( ) Delete  
Name: DAVID, SHARP  
Address: 2 RIVER PLACE  
City-St-Zip: PALM COAST, FL 32164

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P      (X) Change ( ) Addition  
Name: SHARP, DAVID P  
Address: 2 RIVER PL.  
City-St-Zip: PALM COAST, FL 32164

Title: ST      (X) Change ( ) Addition  
Name: DAVIDSON, TIM  
Address: 2000 NW 44TH ST.  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: V      (X) Change ( ) Addition  
Name: GOFF, TOM  
Address: 2941 ALLSTON ST.  
City-St-Zip: DELTONA, FL 32738

Title: V      (X) Change ( ) Addition  
Name: BUTTERTON, DAVID  
Address: 50 LOGGERHEAD CT.  
City-St-Zip: PONCE INLET, FL 32127

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: DAVID P. SHARP

P

07/15/2008

Electronic Signature of Signing Officer or Director

Date