

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010891

FILED  
Apr 28, 2009  
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:

P.O. BOX 390025  
DELTONA, FL 32739

## New Mailing Address:

1805 N. US HWY.1  
ORMOND BEACH, FL 32174

FEI Number: 90-0130505

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

04/28/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

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

## 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:

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

04/28/2009

Electronic Signature of Signing Officer or Director

Date