2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N05000004031 05-05-2006 90184 023 ****70.00 CALVARY CHURCH INC. OF BEVERLY HILLS 01176000 Principal Place of Business Mailing Address P. O. BOX 641554 P. O. BOX 641554 BEVERLY HILLS, FL 34464 BEVERLY HILLS, FL 34464 2. Principal Place of Business 3. Mailing Address Suite, Ant. #, etc. Suite Apt # etc. 04222006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number Applied For 06 - 1743778Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERT FARIA TAYLOR, LARRY 4731 N. CRESTLINE DR. Street Address (P.O. Box Number is Not Acceptable) BEVERLY HILLS, FL 34465 2729 W MESA VERDE DR City Zip Code BEVERLY HILLS 34465 8. 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. I am familiar with, and accept the obligations of registered agent. ROBERT FARIA SIGNATURE Signature, typed or printed name of registered agent and title if applicable Filling Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 D TITLE Delete mue D (X) Change ☐ Addition TAYLOR, LARRY FARIA, ROBERT NAME NAME 4731 N. CRESTLINE DR. STREET ADDRESS STREET ADDRESS 2729 W MESA VERDE DR CITY - ST-ZIP BEVERLY HILLS, FL 34465 CITY-ST-ZIP BEVERLY HILLS, FL 34465 D Delete TITLE X Change ☐ Addition HUGHES, JESSE TUELL, JAMES O NAME NAME 4161 N MAE WEST WAY STREET ADDRESS 4557 N. REDCLOUD DR. STREET ADDRESS BEVERLY HILLS, FL 34465 CITY-ST-7IP CITY-ST-ZIP BEVERLY HILLS, FL 34465 D Delete IXI Change TITLE TITLE ☐ Addition DAVIS, DELOS 3401 N TAMARISK AVE ALBERT, DAVE NAME STREET ADDRESS 293 W. ROMANY LOOP STREET ADDRESS CITY-ST-7/P BEVERLY HILLS, FL 34465 CITY-ST-ZIP BEVERLY HILLS, FL 34465 Delete TITLE TITLE Change ■ Addition MITCHELL, JOHN NAME NAME WILLIAMSON, CARL 6190 WHISPERING OAK LOOP STREET ADDRESS STREET ADDRESS 101 S LINCOLN AVE CITY-ST-ZIP BEVERLY HILLS, FL 34465 CITY-ST-ZIP BEVERLY HILLS, FL 34465 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT FARIA

4/23/06

SIGNATURE: Y

FILED

May 05, 2006 8:00 am