## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jan 30, 2008 8:00 am Secretary of State

DOCUMENT # N0700005865  1. Entity Name HORIZON CALVARY CHAPEL, INC.				)		8 90029 048 ****	61.25	
Principal Place of Business 13237 LONG PINE TRAIL CLERMONT, FL 34711		Mailing Address 13237 LONG PINE TRAIL CLERMONT, FL 34711		gvv.∗				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. BOX 120366			1987) BARL ABUK 18	ill 8811/9848/8118/14/14/14/14	118 <b>87 46 14 1</b> 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122008 C	hg-NP	CR2E037 (12/06)		
City & State		CLERMONT, FL.		4. FEI Number 26-	.03142	250 A	pplied For ot Applicable	
Zip	Country	34712	Country	5. Certificate of S	tatus Desired	□ \$8.75 Ad Fee Require		
	6. Name and Address of Curren	t Registered Agent		7. Name and Add	iress of New I	Registered Agent		
AVILES, CARLOS				Name				
13237 LONG PINE TRAIL CLERMONT, FL 34711			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>₽</b> ∎ Zip Çoo	10	
				FL   `				
	named entity submits this statement ions of registered agent.	or the purpose of changing its reg	gistered office or regist	ered agent, or both, in	the State of F	lorida. Ham familiar with	, and accept	
SIGNATURE .								
O'GIV! O'IL	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re-	egistered Agent signature requir	red when reinstating)		DATE		
3.0.0	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2008	nt and title if applicable. (NOTE: Re  9. Election Campa  Trust Fund Cont	aign Financing	\$5.00 May Be Added to Fees		Make check payable trida Department of S		
10.	Filing Fee is \$61.25	9. Election Campa Trust Fund Cont	aign Financing	\$5.00 May Be Added to Fees	Flo	Make check payable t	itate	
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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:

Conl SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1-17-08

352-536-4592