


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N26890		
1. Entity Name CALVARY CHAPEL OF TAMPA, INC.		
Principal Place of Business P.O. BOX 630 LUTZ, FL 33548 US	Mailing Address P.O. BOX 630 LUTZ, FL 33548 US	



07212006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1473519	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOLM, MIKE 6730 NORTH LAKE DRIVE ZEPHYRHILLS, FL 33542
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IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000572464
07/27/06-80005-012 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SPENCELEY, DOUG 7824 EHREN CEMETERY RD. LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NAFFZIFER, BRAD 423 E COUNTY LINE RD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLM, MIKE 28651 FAIRWEATHER DR WESLEY CHAPEK, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRUSS, MATTHEW 19329 GARDEN QUILT CIR. LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIERSEMA, ED 1604 PARKER POINTE BLVD. ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Michael A. Holm **7/21/2006**
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #