

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26890

FILED
Mar 27, 2008
Secretary of State

Entity Name: CALVARY CHAPEL OF TAMPA, INC.

Current Principal Place of Business:

16215 HANNA ROAD
LUTZ, FL 33548 US

New Principal Place of Business:

17538 LIVINGSTON AVE.
LUTZ, FL 33559 US

Current Mailing Address:

P.O. BOX 630
LUTZ, FL 33548 US

New Mailing Address:

FEI Number: 31-1473519 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLM, MIKE
6730 NORTH LAKE DRIVE
ZEPHYRHILLS, FL 33542 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: SPENCELEY, DOUG
Address: 7824 EHREN CEMETERY RD.
City-St-Zip: LAND O LAKES, FL 34639

Title: VPD () Delete
Name: NAFFZIFER, BRAD
Address: 423 E COUNTY LINE RD
City-St-Zip: LUTZ, FL 33549

Title: PD () Delete
Name: HOLM, MIKE
Address: 28651 FAIRWEATHER DR
City-St-Zip: WESLEY CHAPEK, FL 33543

Title: D () Delete
Name: ANDRUSS, MATTHEW
Address: 19329 GARDEN QUILT CIR.
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: SIERSEMA, ED
Address: 1604 PARKER POINTE BLVD.
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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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: MICHAEL HOLM

P

03/27/2008

Electronic Signature of Signing Officer or Director

Date