2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# N26890

Entity Name: CALVARY CHAPEL OF TAMPA, INC.

Current Principal Place of Business:

17538 LIVINGSTON AVE.
LUTZ, FL 33559 US

New Principal Place of Business:

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:	
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: MICHAEL HOLM P 02/27/2009
Electronic Signature of Signing Officer or Director — Date