


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N32290 1. Entry Name CALVARY CHAPEL OF ORLANDO, INC.	
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Principal Place of Business P.O. BOX 150189 ALTAMONTE SPRINGS, FL 32715-0189 US	Mailing Address P.O. BOX 150189 ALTAMONTE SPRINGS, FL 32715-0189 US
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01162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3011410	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ALLEN, GIB
 623 HERMITS TRAIL
 ALTAMONTE SPRINGS, FL 32701

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2004**

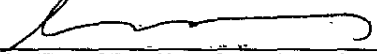
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALLEN, GIB 623 HERMITS TRAIL ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KATTELMANN, JIM 2617 TUSCARORA TR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAUER, GARY 9241 NEW ORLEANS DR. ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/20/04-80095-008 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **GIB ALLEN** 1-16-04 407-523-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #