

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 07, 2006
Secretary of State**

DOCUMENT# N32290

Entity Name: CALVARY CHAPEL OF ORLANDO, INC.

Current Principal Place of Business:

P.O. BOX 150189
ALTAMONTE SPRINGS, FL 327150189 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 150189
ALTAMONTE SPRINGS, FL 327150189 US

New Mailing Address:

FEI Number: 59-3011410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALLEN, GIB
623 HERMITS TRAIL
ALTAMONTE SPRINGS, FL 32701 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: PD () Delete
Name: ALLEN, GIB,
Address: 623 HERMITS TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: KATTELMANN, JIM
Address: 2617 TUSCARORA TR
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: BAUER, GARY
Address: 9241 NEW ORLEANS DR.
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: KATTELMANN, JIM
Address: 3953 SOUTH WARDELL PL.
City-St-Zip: ORLANDO, FL 32814

Title: D (X) Change () Addition
Name: BAUER, GARY
Address: 1004 CAVERN DR.
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the 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: GIB ALLEN

Electronic Signature of Signing Officer or Director

PRES

07/07/2006

Date