

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32290

FILED
Apr 21, 2009
Secretary of State

Entity Name: CALVARY CHAPEL OF ORLANDO, INC.

Current Principal Place of Business:

4025 EDGEWATER DR.
ORLANDO, FL 32804 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)

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: 3953 SOUTH WARDELL PL.
City-St-Zip: ORLANDO, FL 32814

Title: D () Delete
Name: BAUER, GARY
Address: 1004 CAVERN DR.
City-St-Zip: APOKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D/TR (X) Change () Addition
Name: HARPER, TOM
Address: 1225 RUNNING OAK LN.
City-St-Zip: WINTER GARDEN, FL 34787

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: TOM HARPER

D/TR

04/21/2009

Electronic Signature of Signing Officer or Director

Date