

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N38484 (4)**

1. Corporation Name

CALVARY CHAPEL OF SUNRISE, INC.**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 APR -5 PM 3: 18**

Principal Place of Business

**6020 WEST OAKLAND PARK BOULEVARD
SUNRISE FL 33313**

Mailing Address

**6020 WEST OAKLAND PARK BOULEVARD
SUNRISE FL 33313**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1990

3a. Date of Last Report

04/28/1994

4. FEI Number

65-0197872

Applied For

Not Applicable

5. Certificate of Status Desired

**\$6.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution**\$5.00 May Be
Added to Fees**7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status**\$68.75 Supplemental
Fee Not Required**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24**25**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29**30**

9. Name and Address of Current Registered Agent

**GOMEZ, FIDEL B.
1866 NW 32 ST.
OAKLAND PARK FL 33309**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVD
NAME	GOMEZ, FIDEL B.
STREET ADDRESS	1866 NW 32ND ST.
CITY-ST-ZIP	OAKLAND PARK FL
TITLE	TD
NAME	RICH, WILLIAM
STREET ADDRESS	720 NW 72ND TERR.
CITY-ST-ZIP	MARGATE FL
TITLE	S
NAME	LAWSON, BEN
STREET ADDRESS	3136 NW 68TH CT
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D
NAME	SHARROW, LARRY
STREET ADDRESS	2232 2ND AVE
CITY-ST-ZIP	WILTON MANORS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	TD
2.3 STREET ADDRESS	RICKARD, TERRY
2.4 CITY-ST-ZIP	144 NW 60th AVENUE MARGATE, FL 33063
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: FIDEL B GOMEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/95 (305)746-1830

Date

Daytime Phone #