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May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38484** (4)

1. Corporation Name

**CALVARY CHAPEL OF SUNRISE, INC.**



Principal Place of Business	Mailing Address
10070 W MCNAB ROAD TAMARAC FL 33321 US	10070 W MCNAB ROAD TAMARAC FL 33321-1894 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>06/04/1990</b>	3a. Date of Last Report <b>04/22/1996</b>
4. FEI Number <b>65-0197872</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fees Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>GOMEZ, FIDEL B.</b> <b>1986 NW 32 ST.</b> <b>OAKLAND PARK FL 33309</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
<b>FL</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Fidel B. Gomez* *President/Vice President* *4/25/97*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PVD <input type="checkbox"/> DELETE
NAME	<b>GOMEZ, FIDEL B.</b>
STREET ADDRESS	<b>1986 NW 32ND ST.</b>
CITY-ST-ZIP	<b>OAKLAND PARK FL</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>RICKARD, TERRY</b>
STREET ADDRESS	<b>7402 NW 58TH COURT</b>
CITY-ST-ZIP	<b>TAMARAC FL</b>
TITLE	S <input type="checkbox"/> DELETE
NAME	<b>LAWSON, BEN</b>
STREET ADDRESS	<b>3136 NW 68TH CT</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>PASQUALE, STEVEN</b>
STREET ADDRESS	<b>7861 NW 21ST ST</b>
CITY-ST-ZIP	<b>SUNRISE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SECRETARY</b>
3.3 STREET ADDRESS	<b>DALE GOLDSON</b>
3.4 CITY-ST-ZIP	<b>3136 NW 68TH CT</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>FT. LAUDERDALE, FL 33309</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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* *FIDEL B. GOMEZ* *4/25/97* *(954) 720-1004*  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0036963

CR2E037 (9/96)