FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #. N38484

(4)

CALVARY CHAPEL OF SUNRISE, INC.

FILED
May 14 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address									0 11101 1011 0110 0100 1 1 11	H JIH DIKU DI	II HIBII BIBII B	HON OLDIN HOOK
10070 W MCNAB ROAD 10070 W MCNAB ROAD								3. Date Incorporated or Qualified				
TAMARAC FL 33321 TAMARAC FL 33321								3. Date incorpor				
US US								4. FEI Number	aau		- I A	pplied For
								65-019	7872		1 -	lot Applicable
2. Principal P	lace of Busin	1088	2a.	2a. Mailing Address				5. Certificate of		Ita	\$8.75	Additional
21			26					- Continuate of				lequired
Suite, Apt.	#, etc.			Suite, Apt. #, etc.			6. Election Cam		_	\$5.00		
City & Stat	10		27	City & State			Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association?					
23			28	28			Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
Zip	Zip Country			Zip Country			,	8. This corporation owes or has paid the current year intangible				
24	25		29	30			Personal Prop	erty Tax due Jur	ne 30	Yes L	2 No	
9. Name and Address of Current Registered Agent							Name	10. Name and A	ddress of New R	tegistered .	Agent	
							81 Name					
	FIDEL B.			82	Street Add	ress (P.O. Box Numb	er is Not Accepte	able)				
1986 NW 32 ST. OAKLAND PARK FL 33309										·		
) OANLAND FARK FL 33309								-				
						84	City			FL	85 Zip	Code
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.												
oπice or r agent. I a	registered ag ım familiar wi	ent, or both, in th, and accept '	the obligations of	a. Sucri chan ge wa , Section <mark>617.0503</mark> .	s autnorize Florida Sta	a by tutes	/ the corporat 3.	tion's board of direct	ors. I nereby acc	ept the app	ointment as	s registered
SIGNATURE												
							ant signature requi	ired when reinstating)	ANGES TO OFF	DATE	DIRECTO	BS IN 12
TITLE	PVTD	OFFIC	LIS AND DINEC	DELETE		13. 1.1 TITLE		ADDITIONS/CF	IANGES TO OTT	JOENS AND	Change	Addition
NAME		FIDEL B.				AME					-	_
STREET ADDRESS	4800 3801 0000 00			1.3 \$		TREET	ADDRESS					
CITY-ST-ZIP	OAKLAN	D PARK FL			1.4 C	ITY-S	T-ZIP					
TITLE	SD			☐ DELETE	2.1 11	TLE	[Change	Addition
NAME	GOLDSON, DALE			2.2 M								
STREET ADORESS							ADDRESS					
CITY-ST-ZIP TITLE	FT LAUDERDALE FL			DELETE 3.1			ST-ZIP				Change	Addition
NAME	PASQUALE, STEVEN			321								
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP	SUNRISE FL			34.0			ST - ZIP]
TITLE				☐ DELETE	4 1 TI	TLE					☐ Change	Addition
NAME					4.21		[
STREET ADDRESS							ADDRESS					j
CITY-ST-ZIP				DELETE	4.4 CI 5.1 TI		T-ZIP		<u>-</u>		Change	Addition
TITLE NAME				CT SELETE	5.1 II 5.2 N		\				C CHRIGH	
STREET ADORESS							ADDRESS					Ì
CITY-ST-ZIP					- 8		T-ZIP					
TITLE			7-1	☐ DELETE	6.1 TI			·············			☐ Change	Addition
NAME					6.2 N	AME						
STREET ADDRESS					6.3 ST	FAEET	ADDRESS					İ
CITY-ST-ZIP					6.4 CI	TY-S	T-ZIP		2. 7. 5	 		

4. Thereby 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.

OLONATURE

I le O a Man of Fine Rom

april 29 1998 (954)78