2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40451

1. Entity Name

CALVARY CHAPEL OF WEST PALM BEACH, INC.

Principal Place of Business	Mailing Address
3951 HAVERHILL RD. SUITE 122 WEST PALM BEACH FL 33417	3951 HAVERHILL RD. SUITE 122 WEST PALM BEACH FL 33417-8112

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0225308** Applied For ✓ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PRESLEY, MARK 74 SPARROW PLACE ROYAL PALM BCH FL 33411	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City _____ **FL** Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE **PD** NAME **PRESLEY, MARK** STREET ADDRESS **74 SPARROW PLACE** CITY-ST-ZIP **ROYAL PALM BEACH FL**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **STD** NAME **BISHOP, MARK** STREET ADDRESS **14565 78TH PLACE NORTH** CITY-ST-ZIP **LOXAHATCHEE FL 33470**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VD** NAME **PRESLEY, CAROLE** STREET ADDRESS **74 SPARROW PLACE** CITY-ST-ZIP **ROYAL PALM BEACH FL**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Carole Presley_ SIGNATURE REQUIRED 2/10/00 561-795-7322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #