

2002 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

Pastor-President March 24, 02 (561)687-5151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90075 023 ***61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)