2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N40451

FILED Oct 07, 2008 Secretary of State

Entity Name: CALVARY CHAPEL OF WEST PALM BEACH, INC.

Current Principal Place of Business: New Principal Place of Business:

11911 OKEECHOBEE BLVD 11911 OKEECHOBEE BLVD ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411

Current Mailing Address: New Mailing Address:

74 SPARROW PL 1128 ROYAL PALM BEACH BLVD. **ROYAL PALM BCH** SUITE 110 WEST PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411

FEI Number: 65-0225308 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PRESLEY, MARK ALFIERI AND ASSOCIATES, LLC 74 SPARROW PLACE **5143 NW 42 TERRACE** ROYAL PALM BCH, FL 33411

COCONUT CREEK, FL 33073 US US

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: PAUL R. ALFIERI, ESQ. 10/07/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition MUELLER, MARK PRESLEY, MARK, Name: Name:

74 SPARROW PLACE Address: 2833 NW 6TH PLACE Address: City-St-Zip: ROYAL PALM BEACH, FL CAPE CORAL, FL 33993 City-St-Zip:

Title: STD () Delete Title: (X) Change () Addition MICHAELS, CHUCK Name: MICHAEL, CHARLES J Name:

Address: 14829 KEY LIME B LVD Address: 14829 KEY LIME BLVD. City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: LOXAHATCHEE, FL 33470

Title: () Delete Title: CHD (X) Change () Addition PRESLEY, CAROLE, MCCARTHY, MICHAEL Name: Name:

74 SPARROW PLACE Address: Address: 4153 160TH AVENUE City-St-Zip: ROYAL PALM BEACH, FL City-St-Zip: WELLINGTON, FL 33414

Title: () Delete Title: **VPTD** () Change (X) Addition

WAYNE, RON Name: Name: Address: Address: 1126 CHORUS WAY

City-St-Zip: City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: () Delete Title: CFOD () Change (X) Addition

BIRDSEY, COLLIN Name: Name: 2601 DUQUESNE LANE Address: Address: City-St-Zip: City-St-Zip: LAKE WORTH, FL 33460

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES J. MICHAEL VP 10/07/2008