

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N45534** (7)

1. Corporation Name
CALVARY CHAPEL OF PENSACOLA, INC.



Principal Place of Business: **6330 ANTIETAM DRIVE PENSACOLA FL 32503**
Mailing Address: **6330 ANTIETAM DRIVE PENSACOLA FL 32503**

3. Date Incorporated or Qualified: **10/07/1991**
3a. Date of Last Report: **04/07/1995**

21	2. Principal Place of Business	2a.	Mailing Address	4.	FEI Number 59-3088147	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	29	Country			
30						

9. Name and Address of Current Registered Agent

**HUGHES, I. G., JR.
6330 ANTIETAM DRIVE
PENSACOLA FL 32503**

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, I.G., JR.	1.2 NAME	
STREET ADDRESS	6330 ANTIETAM DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIRMON, BRADLEY D	2.2 NAME	
STREET ADDRESS	1530 ACORN LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVARE, CHARLES J	3.2 NAME	
STREET ADDRESS	5329 SUSSEX LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PACE FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEIGERT, GREGORY L	4.2 NAME	Bob Vietzke
STREET ADDRESS	6110 ANGELINA RD	4.3 STREET ADDRESS	2213 Kingfisher Ct.
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	Pensacola, FL 32534
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *I. G. Hughes, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96 (90A) 494-1256
Date Daytime Phone #

CR2E037 (12/95)