

FILED

May 12 1997 8:00am  
Secretary of State

<p>NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b></p>		<p>FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS</p>
--	---	---

**DOCUMENT # N92000000787 (3)**  
1. Corporation Name  
**CALVARY CHAPEL OF HOLLYWOOD, INC.**

Principal Place of Business	Mailing Address
1825 S 21ST AVENUE HOLLYWOOD FL 33020 US	2617 FILLMORE STREET HOLLYWOOD FL 33020-4327 US

2. Principal Place of Business		2a. Mailing Address	
21	2617 FILLMORE STREET	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	HOLLYWOOD FL	28	
Zip		Zip	
24	33020	Country	
25	BRWD	29	
		30	

3. Date Incorporated or Qualified <b>12/15/1992</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>65-0375001</b>		<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent	
SHARROW, LARRY E 2617 FILLMORE ST. HOLLYWOOD FL 33020	81 Name
	82 Street Address
	83
	84 City

**10. Name and Address of New Registered Agent**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (P.O. Box Number is Not Acceptable)

\_\_\_\_\_

\_\_\_\_\_

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.

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
TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	SHARROW, LARRY E	
STREET ADDRESS	2617 FILLMORE STREET	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	BURNS, JIM	
STREET ADDRESS	4920 TAYLOR ST	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DEVOS, TONY	
STREET ADDRESS	2019 MAYO STREET	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 12 if changed, or on an attachment with an address.

SIGNATURE: James E. Sharrow 4-29-97 954-927-3040  
 SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021357

CP2E037 (9/96)