

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N93000002136 (0)**

CORPORATION NAME
CALVARY CHAPEL OF BOCA RATON, INC.

| | |
|--|--|
| Principal Place of Business 10860 W SANDALFOOT BLVD BOCA RATON FL 33428-5706 | Mailing Address 2800 GATEWAY DR POMPANO BEACH FL 33069 |
|--|--|

3. Date Incorporated or Qualified

05/07/1993

4. FEI Number

65-0481779

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

**DAVIS, MARK T
2900 GATEWAY DRIVE
POMPANO BEACH FL 33069**

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 |

FL

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 | PD <input type="checkbox"/> DELETE | 1.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SEIDEL, THEODORE A | 1.2 NAME | JOHN CHINELLY |
| STREET ADDRESS | 4976 NW 10TH STREET | 1.3 STREET ADDRESS | 2802 N. 46 AVE B-215 |
| CITY-ST-ZIP | COCONUT CREEK FL 33063 | 1.4 CITY-ST-ZIP | HOLLYWOOD, FL 33021 |
| TITLE | VP <input type="checkbox"/> DELETE | 2.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DAVIS, MARK T | 2.2 NAME | RICK MATNEY |
| STREET ADDRESS | 3130 NW 68TH STREET | 2.3 STREET ADDRESS | 10313 LEXINGTON ESTATES BLVD. |
| CITY-ST-ZIP | FT LAUDERDALE FL 33064 | 2.4 CITY-ST-ZIP | BOCA RATON, FL 33428 |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NICHOLSON, SEAN P | 3.2 NAME | TYE RITER |
| STREET ADDRESS | 205 SE 10TH ST #E9 | 3.3 STREET ADDRESS | 1245 NW 22nd Ave |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33441 | 3.4 CITY-ST-ZIP | DELRAY BEACH, FL 33445 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COY, ROBERT J | 4.2 NAME | |
| STREET ADDRESS | 7900 NW 19TH STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARGATE FL 33063 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIDSON, TIM | 5.2 NAME | |
| STREET ADDRESS | 7915 MANOR FOREST BLVD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33462 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Theodore A. Seidel

2/14/98 954-977-9673

CR2E037 (10/97)