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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002136

1. Corporation Name

CALVARY CHAPEL OF BOCA RATON, INC.

Principal Place of Business
**10660 W SANDALFOOT BLVD
BOCA RATON FL 33428-5706**

Mailing Address
**2900 GATEWAY DR
POMPANO BEACH FL 33069**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

05/07/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0481779

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23

28

BOCA RATON, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

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

Zip

Country

Zip

Country

24

25

29

33428-5706

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **SEIDEL, THEODORE A**
CITY-ST-ZIP **4976 NW 10TH STREET
COCONUT CREEK FL 33063**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **DIRECTOR**
1.3 STREET ADDRESS **CHRIS STULTZ**
1.4 CITY-ST-ZIP **4991 SW 78 ST
MARGATE, FL 33068**

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **DAVIS, MARK T**
CITY-ST-ZIP **3130 NW 68TH STREET
FT LAUDERDALE FL 33064**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **DIRECTOR**
2.3 STREET ADDRESS **JOHN CHINELLY**
2.4 CITY-ST-ZIP **2802 N. 46TH AVE #B215
HOLLYWOOD, FL 33021-2927**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **NICHOLSON, SEAN P**
CITY-ST-ZIP **205 SE 10TH ST #E9
DEERFIELD BEACH FL 33441**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **COY, ROBERT J**
CITY-ST-ZIP **7900 NW 19TH STREET
MARGATE FL 33063**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DAVIDSON, TIM**
CITY-ST-ZIP **7915 MANOR FOREST BLVD
BOYNTON BEACH FL 33462**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **TYE RITER**
CITY-ST-ZIP **1245 NW 22ND AVE
DELRAY BCH FL 33445**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: **THEODORE A SEIDEL** 1/6/98 954-453-9252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)