

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 26, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N93000002136**

**1. Entity Name  
CALVARY CHAPEL OF BOCA RATON, INC.**



**Principal Place of Business  
10660 W. SANDALFOOT BLVD  
BOCA RATON, FL 33428**

**Mailing Address  
10660 W. SANDALFOOT BLVD  
BOCA RATON, FL 33428**



04062005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
65-0481779**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**STULTZ, CHRIS  
10660 W. SANDALFOOT BLVD  
BOCA RATON, FL 33428**

**DO NOT WRITE  
IN THIS SPACE**

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

*Chris Stultz*

(NOTE: Registered Agent signature required when reinstating)

**5-24-05**

**DATE**

**Filing Fee is \$61.25  
Due by May 1, 2005**

**9. Election Campaign Financing  
Trust Fund Contribution.**



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

**10. OFFICERS AND DIRECTORS**

**TITLE PD  
NAME STULTZ, CHRIS  
STREET ADDRESS 10660 W. SANDALFOOT BLVD  
CITY-ST-ZIP BOCA RATON, FL 33428**

**TITLE VSD  
NAME RITER, TYE  
STREET ADDRESS 10660 W. SANDALFOOT BLVD  
CITY-ST-ZIP BOCA RATON, FL 33428**

**TITLE D  
NAME DAVIDSON, TIM  
STREET ADDRESS 10660 W. SANDALFOOT BLVD  
CITY-ST-ZIP BOCA RATON, FL 33428**

**TITLE D  
NAME CHINELLY, JOHN  
STREET ADDRESS 10660 W. SANDALFOOT BLVD  
CITY-ST-ZIP BOCA RATON, FL 33428**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

1100000368326  
05/26/05-80002-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

**12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**5-24-05**

**(561) 488-2273**

**Date**

**Daytime Phone #**