FILE NOW: FILING FEE IS $61.2

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mor[m]
Secretary of S[t]a[te]
DIVISION OF CORP[ORA]TIONS

DOCUMENT # N94000001001 (6)

1. Corporation Name

CALVARY CHAPEL OF LIBERIA, INC.

Principal Place of Business	Mailing Address
P. O. BOX 19065 PLANTATION FL 33318	P. O. BOX 19065 PLANTATION FL 33318

3. Date Incorporated or Qualified: 02/28/1994

3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0475216 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

LOWE, CHET
1230 N.W. 74TH AVENUE
PLANTATION FL 33318

10. Name and Address of New Registered Agent

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 ab[ove-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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register[ed] Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LOWE, CHET A 1230 NW 74TH AVE PLANTATION FL 33313	☐ DELETE	1.1 / 1.2 / 1.3 / 1.4	☐ Change ☒ Addition BMT Stephan Tchividjian 2800 Gateway Drive Pompano Bch, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMT DEEB, CHARLES 3161 NW 63RD ST FT. LAUDERDALE FL 33309	☐ DELETE	2.1 / 2.2 / 2.3 / 2.4	☐ Change ☒ Addition BMT Chairperson William J Pallowick 780 NW 66 Ave Plantation, FL 33317
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMT BOWLING, HAL 202 W. BROW OVAL LOOK OUT MTN TN 37350	☐ DELETE	3.1 / 3.2 / 3.3 / 3.4	☑ Change ☐ Addition BMT Bowling, Hal 720 Medallie Ave Chattanooga, TN 37403
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMT BORREGARD, BILL 4618 TOURNAMENT BLVD SARASOTA FL 34234	☐ DELETE	4.1 / 4.2 / 4.3 / 4.4	☒ Change ☐ Addition BMT Borregard, Bill 4002 Dellbrook Dr Tampa, Florida 33624
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMT ENGELS, KEN 10331 NW 18TH MN PLANTATION FL 33322	☐ DELETE	5.1 / 5.2 / 5.3 / 5.4	☐ Change ☒ Addition BMT Treasurer Chairperson Annette Pallowick 780 NW 66 Ave Plantation, FL 33317
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 / 6.2 / 6.3 / 6.4	☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and[/or] 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: Annette C Pallowick - Annette Pallowick 1/28/96 (954) 452-2527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC[TOR] — Date — Daytime Phone #