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Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001001 (6)**

1. Corporation Name

CALVARY CHAPEL OF LIBERIA, INC.

Principal Place of Business

P. O. BOX 19065
PLANTATION FL 33318

Mailing Address

P. O. BOX 19065
PLANTATION FL 33318



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 Country
24	25
29	30

3. Date Incorporated or Qualified	02/28/1994
4. FEI Number	65-0475216
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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
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	DP <input type="checkbox"/> DELETE
NAME	LOWE, CHET A
STREET ADDRESS	1230 NW 74TH AVE
CITY-ST-ZIP	PLANTATION FL 33313
TITLE	BMT <input type="checkbox"/> DELETE
NAME	DEEB, CHARLES
STREET ADDRESS	3161 NW 63RD ST
CITY-ST-ZIP	FT. LAUDERDALE FL 33309
TITLE	BMT <input type="checkbox"/> DELETE
NAME	BOWLING, HAL
STREET ADDRESS	720 MCCALLIE AVE
CITY-ST-ZIP	CHATTANOOGA TN
TITLE	BMT <input type="checkbox"/> DELETE
NAME	BORREGARD, BILL
STREET ADDRESS	4002 DELLBROOK DR
CITY-ST-ZIP	TAMPA FL
TITLE	BMT <input type="checkbox"/> DELETE
NAME	ENGELS, KEN
STREET ADDRESS	10331 NW 18TH MN
CITY-ST-ZIP	PLANTATION FL 33322
TITLE	BMT <input type="checkbox"/> DELETE
NAME	PALLOWICK, ANNETTE
STREET ADDRESS	780 NW 66 AVE
CITY-ST-ZIP	PLANTATION FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	B/M/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pastor Stephan Tchividjian
1.3 STREET ADDRESS	2900 Gateway Drive
1.4 CITY-ST-ZIP	Pompano Beach, FL 33069
2.1 TITLE	B/M/T/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	William J Pallowick
2.3 STREET ADDRESS	780 NW 66 AVE
2.4 CITY-ST-ZIP	Plantation, FL 33317
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 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:

William J Pallowick 1/28/98 (954) 452-2527

CR2E037 (10/97)