

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2004
Secretary of State**

DOCUMENT# N94000001001

Entity Name: CALVARY CHAPEL OF LIBERIA, INC.

Current Principal Place of Business:

PO BOX 372428
SATELLITE BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 4926
WHITEFISH, MT 59937 US

New Mailing Address:

FEI Number: 65-0475216 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: BMT () Delete
Name: COBB, DONALD BMT
Address: 231 NORWOOD AVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: BMT () Delete
Name: DESTEFANO, GENNARINO
Address: 2401 W CYPRESS CREEK RD
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: BMT () Delete
Name: PALLOWICK, WILLIAM
Address: 104 MAYALA DR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: BMT () Delete
Name: BORREGARD, BILL
Address: 4002 DELLBROOK DR
City-St-Zip: TAMPA, FL

Title: BMT () Delete
Name: ENGELS, KEN
Address: 10331 NW 18TH MN
City-St-Zip: PLANTATION, FL 33322

Title: BMT () Delete
Name: PALLOWICK, ANNETTE
Address: 104 MAYREA DR
City-St-Zip: INDIAN HARBOUR BHC, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM PALLOWICK

BMT

04/30/2004

Electronic Signature of Signing Officer or Director

Date