FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUL -7 AM 11:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N95000004019 (4)

1. Corporation Name
CALVARY CHAPEL OF GAINESVILLE, INC.

Principal Place of Business
PO Box 140779
GAINESVILLE, FL 32614
US

Mailing Address
PO BOX 140779
GAINESVILLE, FL 32614
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified: 08/21/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable
5. Certificate of Status Desired: X — $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

9. Name and Address of Current Registered Agent
MEILLEUR, TED
9911 SW 54th LANE
GAINESVILLE, FL 32608

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 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: Ted Meilleur — Ted Meilleur PSTD (NOTE: Registered Agent signature required when resigning) — 7/7/97 DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	MEILLEUR, TED	
STREET ADDRESS	9911 SW 54th Lane	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	D	☐ DELETE
NAME	HEIDE, RUDI	
STREET ADDRESS	3500 N. COURTENAY PKWY	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	D	☐ DELETE
NAME	WILD, MALCOLM	
STREET ADDRESS	3500 N. COURTENAY PKWY	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	400002230884---1	
1.4 CITY-ST-ZIP	-07/07/97---01023---015	
2.1 TITLE	*****70.00 *****70.00	☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: Ted Meilleur — Ted Meilleur — 7/7/97 — (352) 336-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #