

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000003281 (0)

1. Corporation Name

CALVARY CHAPEL TREASURE COAST, INC.

Principal Place of Business

3500 N COURTENAY PARKWAY  
MERRITT ISLAND FL 32953

Mailing Address

3500 N COURTENAY PARKWAY  
MERRITT ISLAND FL 32953

FILED  
Sep 03 1997 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/18/1996  
3a. Date of Last Report NA

4. FEI Number 59-3461787  
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 533 SE Nome Dr.

Suite, Apt. #, etc.

22 City & State

23 Pt. St. Lucie, FL

24 34984 25 USA

2a. Mailing Address

26 533 SE Nome Dr.

Suite, Apt. #, etc.

27 City & State

28 Pt. St. Lucie, FL

29 34984 30 USA

9. Name and Address of Current Registered Agent

DALTON, LOGAN  
3500 N COURTENAY PARKWAY  
MERRITT ISLAND FL 32953

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

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 PSD  
NAME DALTON, LOGAN  
STREET ADDRESS 3500 N COURTENAY PARKWAY  
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE TD  
NAME HOBBS, TOM  
STREET ADDRESS 3500 N COURTENAY PARKWAY  
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE SD  
NAME WILD, MALCOLM  
STREET ADDRESS 3500 N COURTENAY PARKWAY  
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

Signature of Thomas Hobbs

06/16/97

11/12/97

CP2E037 (4/97)