

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90157 017 ****61.25

DOCUMENT # N96000003281

1. Entity Name
CALVARY CHAPEL TREASURE COAST, INC.



Principal Place of Business
**10698 S FEDERAL HWY
PORT SAINT LUCIE, FL 34952 US**

Mailing Address
**10698 S FEDERAL HWY
PORT SAINT LUCIE, FL 34952 US**

50019334



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02182005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3461787

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DALTON, LOGAN
10698 S. FERERAL HWY
PORT SAINT LUCIE, FL 34952**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
DALTON, LOGAN PASTOR
533 SE NOME DR
PORT SAINT LUCIE, FL 34984** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
DALTON, LOGAN PASTOR
608 SE BARR ST
PORT St. Lucie, FL 34984** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
SONNENBERG, CLARE O
5420 SW GROVE ST
PALM CITY, FL 34990** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
CANTARA, Jo F.
1460 S.E. Vesthaven Circle
Port St. Lucie, FL 34952** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
GOCKENBACH, HENRY
3365 SW SUNSET TRACE CIR
PALM CITY, FL 34990** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Delete

TITLE
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STREET ADDRESS
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 ☐ Change ☐ Addition

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 ☐ Change ☐ Addition

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CITY-ST-ZIP
 ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jo F. Cantara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-05

Date

772-335-8060

Daytime Phone #