2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N96000004800

Entity Name: CALVARY CHAPEL OF VERO BEACH, INC.

Current Principal Place of Business:

927 7TH AVENUE
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 650585
VERO BEACH, FL 32965

New Mailing Address:

FEI Number: 65-0697096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLAGHER, P. JAMES
927 7TH AVENUE
VERO BEACH, FL 32960 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:	PD	( ) Delete
Name:	GALLAGHER, P. JAMES	
Address:	P.O. BOX 650585	
City-St-Zip:	VERO BEACH, FL 32965	
Title:	D	( ) Delete
Name:	CHAFFIN, RICH	
Address:	9451 WINDRIFT LN	
City-St-Zip:	ELK GROVE, CA 95758	
Title:	T	( ) Delete
Name:	OCHSNER, MICHAEL B	
Address:	130 WATERWAY LANE	
City-St-Zip:	VERO BEACH, FL 32963	
Title:	S	( ) Delete
Name:	BROWN, JOESPH	
Address:	116 15 AVENUE	
City-St-Zip:	VERO BEACH, FL 32962	
Title:	D	( ) Delete
Name:	HENNESSEY, RICHARD	
Address:	4508 5TH MANOR SW	
City-St-Zip:	VERO BEACH, FL 32968	
Title:	D	( ) Delete
Name:	MILTON, DAVID	
Address:	3945 62ND AVE.	
City-St-Zip:	VERO BEACH, FL 32966	

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 exemption stated in Chapter 119, 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: MICHAEL B. OCHSNER T 04/28/2008

Electronic Signature of Signing Officer or Director — Date