

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90082 021 ****61.25

DOCUMENT # N96000004800

1. Entity Name
CALVARY CHAPEL OF VERO BEACH, INC.



Principal Place of Business
**P.O. BOX 650585
VERO BEACH FL 32965**

Mailing Address
**P.O. BOX 650585
VERO BEACH FL 32965**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **65-0697096** 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
**GALLAGHER, P. JAMES
1906 18TH AVE S.W.
VERO BEACH FL 32962**

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GALLAGHER, P. JAMES	
STREET ADDRESS	P.O. BOX 650585	
CITY-ST-ZIP	VERO BEACH FL 32965	
TITLE	D	<input type="checkbox"/> Delete
NAME	CIMINO, RICHARD	
STREET ADDRESS	10050 WOLF RD.	
CITY-ST-ZIP	GRASS VALLEY CA 95949	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAFFIN, RICH	
STREET ADDRESS	9451 WINDRIFT LN	
CITY-ST-ZIP	ELK GROVE CA 95758	
TITLE	T	<input type="checkbox"/> Delete
NAME	OCHSNER, MICHAEL	
STREET ADDRESS	6580 FORRESTER DRIVE	
CITY-ST-ZIP	MARBLE FALLS AR 72648	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, JOESPH	
STREET ADDRESS	116 15 AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	D	<input type="checkbox"/> Delete
NAME	ONORANO, ANTHONY	
STREET ADDRESS	322 32ND STREET	
CITY-ST-ZIP	VERO BEACH FL 32968	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Onorato, Anthony	
STREET ADDRESS	3225 3rd Street	
CITY-ST-ZIP	VERO BEACH FL 32968	

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: _____ **ATTEST REQUIRED** 2/4/03 772 778 8819

CR2E037 (10/02)