

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # N97000002823

1. Entity Name

CALVARY CHAPEL OF BOYNTON BEACH INC.



Principal Place of Business

3190 HYPOLUXO RD
BOYNTON BEACH, FL 33436-8901

Mailing Address

3190 HYPOLUXO RD
201
BOYNTON BEACH, FL 33436-8901



01122007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0759873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARSE, GEORGE L
4117 FLORAL DRIVE
BOYNTON BEACH, FL 33436

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing -
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000650031
03/07/07-80076-008 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARSE, GEORGE
STREET ADDRESS 3190 HYPOLUXO RD
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE SD
NAME MARSE, LORI
STREET ADDRESS 3190 HYPOLUXO RD
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE D
NAME ROSE, STEVEN
STREET ADDRESS 3190 HYPOLUXO RD
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Leo Marse

2/21/07

561 3041449