

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 AM
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



03132008 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U000000871658
04/10/08-80008-004 61.25

10. OFFICERS AND DIRECTORS

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

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS 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: L. Marse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/08
Date

Daytime Phone #