

FILE NOW: FILING FEE IS \$61.25

FILED

98 NOV -3 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N97000007156 (9)**
1. Corporation Name

CAVALRY CHAPEL CHURCH, INC.

REINSTATEMENT 98

Principal Place of Business 2900 GATEWAY DRIVE POMPANO BEACH FL 33069	Mailing Address 2900 GATEWAY DRIVE POMPANO BEACH FL 33069
---	---

3. Date Incorporated or Qualified
12/26/1997

4. FEI Number
59-2608121

Applied For
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**DAVIDSON, TIM
2900 GATEWAY DRIVE
POMPANO BEACH FL 33069**

10. Name and Address of New Registered Agent
81 Name **Mark T. Davis**
82 Street Address (P.O. Box Number is Not Acceptable) **2900 Gateway Drive**
83
84 City **Pompano Beach** FL 85 Zip Code **33069**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Mark T. Davis Mark T. Davis 3-23-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	DAVIS, MARK
STREET ADDRESS	2900 GATEWAY DRIVE
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	☐ DELETE
NAME	COY, BOB
STREET ADDRESS	2900 GATEWAY DRIVE
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	☐ DELETE
NAME	DAVIDSON, TIM
STREET ADDRESS	1903 SO. CONGRESS AVE. SUITE 160
CITY-ST-ZIP	BOYNTON BEACH FL 33426
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	400002678924--4
1.3 STREET ADDRESS	-11/03/98--01041--007
1.4 CITY-ST-ZIP	*****525.00 *****175.00
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	400002678924--4
2.3 STREET ADDRESS	-11/03/98--01041--008
2.4 CITY-ST-ZIP	*****61.25 *****61.25
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark T. Davis Mark T. Davis 3-23-98 954-977-9673

CR2E037 (10/97)