

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90048 027 ****61.25

DOCUMENT # N97000007156 1. Entity Name CALVARY CHAPEL CHURCH, INC.					
Principal Place of Business 2401 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309			Mailing Address 2401 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0879835	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DAVIS, MARK T 2401 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.				DATE _____ (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VPCD ☐ Delete	NAME DAVIS, MARK		TITLE VSD ☒ Change ☐ Addition	NAME 	
STREET ADDRESS 2401 W CYPRESS CREEK RD	CITY-ST-ZIP FORT LAUDERDALE, FL 33309		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE PD ☐ Delete	NAME COY, ROBERT J		TITLE D ☐ Change ☒ Addition	NAME BARRETT, SCOTT	
STREET ADDRESS 2401 W CYPRESS CREEK RD	CITY-ST-ZIP FORT LAUDERDALE, FL 33309		STREET ADDRESS 6020 NW 68 MANOR	CITY-ST-ZIP PARKLAND, FL 33067	
TITLE D ☒ Delete	NAME OHINNELLY, JOHN		TITLE D ☐ Change ☒ Addition	NAME NELSON, GEORGE	
STREET ADDRESS 2401 W CYPRESS CREEK RD	CITY-ST-ZIP FORT LAUDERDALE, FL 33309		STREET ADDRESS 1022 DEL HARBOUR DRIVE	CITY-ST-ZIP DELOEY BEACH, FL 33483	
TITLE D ☐ Delete	NAME DAVIDSON, TIM		TITLE D ☐ Change ☒ Addition	NAME SHELTON, TOM	
STREET ADDRESS 2401 W. CYPRESS CREEK RD.	CITY-ST-ZIP FORT LAUDERDALE, FL 33309		STREET ADDRESS 5216 SOLAR ISLE DRIVE	CITY-ST-ZIP FT. LAUDERDALE, FL 33301	
TITLE D ☐ Delete	NAME DEBB, CHUCK		TITLE D ☒ Change ☐ Addition	NAME DEEB, CHUCK	
STREET ADDRESS 2401 W. CYPRESS CREEK RD.	CITY-ST-ZIP FORT LAUDERDALE, FL 33309		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D ☒ Delete	NAME HECOCKS, CLAY		TITLE D ☐ Change ☒ Addition	NAME TCHIVIOJIAN, STEPHAN	
STREET ADDRESS 2401 W. CYPRESS CREEK RD.	CITY-ST-ZIP FORT LAUDERDALE, FL 33309		STREET ADDRESS 2700 NE 6 STREET	CITY-ST-ZIP POMPANO BEACH, FL 33062	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Mark T Davis</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>1-12-05</u> Daytime Phone #: <u>954-315-4299</u>		

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