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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002574

1. Corporation Name

CALVARY CHAPEL CHURCH, INC.

Principal Place of Business	Mailing Address
~~6318 TURTLEMOUND ROAD~~ ~~NEW SMYRNA BEACH FL 32169~~ 2193 SR 44 New Smyrna Beach FL 32168	~~6318 TURTLEMOUND ROAD~~ ~~NEW SMYRNA BEACH FL 32169~~ 2193 SR 44 New Smyrna Beach FL 32168

2. Principal Place of Business	2a. Mailing Address
21 2193 SR 44	26 2193 SR 44
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 New Smyrna Beach	City & State 28 New Smyrna Beach
Zip 24 32168 Country 25	Zip 29 32168 Country 30

3. Date Incorporated or Qualified: 05/04/1998

4. FEI Number — ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

JANISSE, DENNIS H
~~6318 TURTLEMOUND ROAD~~ 2193 SR 44
~~NEW SMYRNA BEACH FL 32169~~ New Smyrna Beach FL 32168

10. Name and Address of New Registered Agent

81 Name: Dennis H. JANISSE
82 Street Address (P.O. Box Number is Not Acceptable): 2193 SR 44
83
84 City: New Smyrna Beach FL 85 Zip Code: 32168

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: Dennis H Janisse 3-31-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Stephen Brown~~ ~~6318 Turtlemound Rd~~ ~~New Smyrna Beach FL 32169~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VP [illegible] New Smyrna Beach FL 32168	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRU Rod 2193 SR 44 New Smyrna Beach FL 32168	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S [illegible] 6318 Turtlemound Rd New Smyrna Beach FL 32168	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dennis Janisse 2193 SR 44 New Smyrna Beach FL 32168	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D DAVID HILL 4596 Beacon Light Rd Edgewater FL 42141	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible] 2193 SR 44 New Smyrna Beach FL 32168	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Paul Suppa 2908 Royal Palm Dr Edgewater FL 32141	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dennis Janisse 2193 SR 44 New Smyrna Beach FL 32168	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ 3-31-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)