2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000002574

City-St-Zip:

PALM COAST, FL 32164

Entity Name: CALVARY CHAPEL CHURCH OF NEW SMYRNA BEACH, INC.

FILED Feb 03, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2193 SR 4 NEW SMY	4 'RNA BEACH, I	FL 32168	US				
Current Mailing Address:				New Mailing Address:			
2193 SR 4 NEW SMY	4 'RNA BEACH, I	FL 32168	US				
FEI Number:	: 59-3569367	FEI Numbe	r Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
BYERS, JE 2193 SR 4 NEW SMY		FL 32168					
	named entity s e of Florida.	ubmits this	statement for the pu	urpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE:						
	Electron	ic Signature	of Registered Ager	nt		Date	
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () BYERS, JEREM 2193 SR 44 NEW SMYRNA		58	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	D () HILL, DAVID 4596 BEACON I EDGEWATER, I			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () PIECHOWSKI, V 109 BIGELOW EDGEWATER, I	OR		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GOFF, TOM 2951 ALLISON : DELTONA, FL (Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D () SHARPE, DAVID 2 SEA SIDE CT	Delete)		Title: Name: Address:	D (SHARP, DAV 2 SEA SIDE (

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

PALM COAST, FL 32164

SIGNATURE: JEREMEY D. BYERS P 02/03/2003