

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000408

Entity Name: GULF BEACH CALVARY CHAPEL, INC.

FILED  
Apr 27, 2004  
Secretary of State

**Current Principal Place of Business:**

14955 GULF BLVD., STE. 9  
MADEIRA BEACH, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

14955 GULF BLVD., STE. 9  
MADEIRA BEACH, FL 33708

**New Mailing Address:**

FEI Number: 59-3553897

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COPPLE, MARK  
1699 ALCAZAR WAY S.  
ST. PETERSBURG, FL 33712 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: COPPLE, MARK  
Address: 1699 ALCAZAR WAY S.  
City-St-Zip: ST. PETERSBURG, FL 33712

Title: D ( ) Delete  
Name: LAIRD, VIVIAN  
Address: 9990 56TH AVE. N.  
City-St-Zip: ST. PETERSBURG, FL 33708

Title: D ( ) Delete  
Name: WOLFF, WILLIAM  
Address: 10050 59TH AVE. N.  
City-St-Zip: ST. PETERSBURG, FL 33708

Title: D ( ) Delete  
Name: HODGES, DANNY  
Address: 4263 NARVAEZ ST. S.  
City-St-Zip: ST. PETERSBURG, FL 33712

Title: D ( ) Delete  
Name: JOHNSON, TODD  
Address: 728 79TH CIRCLE S.  
City-St-Zip: ST. PETERSBURG, FL 33707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: MARK COPPLE

D

04/27/2004

Electronic Signature of Signing Officer or Director

Date