

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008422

Entity Name: CALVARY CHAPEL SURFSIDE OF BREVARD COUNTY, INC.**Current Principal Place of Business:**950 PINE TREE DRIVE
INDIAN HARBOUR BEACH, FL 32937**Current Mailing Address:**950 PINE TREE DRIVE
INDIAN HARBOUR BEACH, FL 32937**FEI Number:** 94-3440828**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FORSYTHE, JOHN W
116 SECOND AVENUE
INDIALANTIC, FL 32903 US*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

Officer/Director Detail :

Title	P
Name	FORSYTHE, JOHN W
Address	116 2ND AVENUE
City-State-Zip:	INDIALANTIC FL 32903

Title	ST
Name	JASNER, JUSTIN
Address	660 ATLANTIC DR.
City-State-Zip:	SATELLITE BEACH FL 32937

Title	M
Name	GALLAGHER, JIM
Address	941 18TH STREET
City-State-Zip:	VERO BEACH FL 32960

Title	M
Name	RHOADS, RYAN
Address	1310 LARA CIRCLE, #106
City-State-Zip:	ROCKLEDGE FL 32955

Title	VP
Name	CABRERA, CHAD
Address	295 PARK AVE.
City-State-Zip:	SATELLITE BEACH FL 32937

Title	M
Name	CHUPKA, CLINT
Address	124 SHERIDAN AVE
City-State-Zip:	SATELLITE BEACH FL 32937

Title	M
Name	CLARKSTON, TIM
Address	448 TORTOISE VIEW CIR
City-State-Zip:	SATELLITE BEACH FL 32937

I hereby 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 all other like empowered.

SIGNATURE: JOHN W. FORSYTHE**PRESIDENT****04/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date