

3-13-98 B-3254C
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 Mar 13 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 735254 (5)
 1. Corporation Name
 CALVARY ASSEMBLY OF GOD OF ORMOND BEACH, FLORIDA, INC.



Principal Place of Business: 1687 W. GRANADA BLVD. ORMOND BEACH FL 32174-1801
 Mailing Address: 1687 W. GRANADA BLVD. ORMOND BEACH FL 32174-1801 US

3. Date Incorporated or Qualified: 03/15/1976
 4. FEI Number: 59-1647066
 Applied For: Not Applicable

2. Principal Place of Business (21-23): Suite, Apt. #, etc.; City & State; Zip; Country
 2a. Mailing Address (26-28): Suite, Apt. #, etc.; City & State; Zip; Country

5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 ANDEREGG, JOHN P.
 35 COQUINA POINT DRIVE
 ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent
 81 Name: Jim Raley
 82 Street Address (P.O. Box Number is Not Acceptable): 10 Southern Trace Blvd.
 83
 84 City: Ormond Beach FL 85 Zip Code: 32174

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: *Jim Raley* Jim Raley March 5, 1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ANDEREGG, JOHN P.	
STREET ADDRESS	35 COQUINA POINT DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BALLARD, MACK	
STREET ADDRESS	104 MUIRFIELD DR	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	MARCUM, MARLIN	
STREET ADDRESS	1931 S PENINSULA DR	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RALEY, JIM	
1.3 STREET ADDRESS	10 SOUTHERN TRACE BLVD.	
1.4 CITY-ST-ZIP	ORMOND BEACH FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Jim Raley* Jim Raley 3/5/98 904-672-5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (if applicable)

CR2E037 (10/97)