

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90378 023 ****61.25

DOCUMENT # 735254
1. Entity Name
Calvary Assembly of God of Ormond Beach, Florida, Inc.

DO NOT WRITE IN THIS SPACE

637268

2. Principal Place of Business 1687 W. Granada Blvd. Suite, Apt. #, etc.		3. Mailing Address 1687 W. Granada Blvd. Suite, Apt. #, etc.	
City & State Ormond Beach, FL		City & State Ormond Beach, FL	
Zip 32174	Country	Zip 32174	Country

4. FEI Number 59-1647066 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Raley, Jim
Street Address (P.O. Box Number is Not Acceptable): 6 Wilderness Run
City: Flagler Beach FL Zip Code: 32136

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)

FEES \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE: PD	NAME: Raley, Jim	STREET ADDRESS: 6 Wilderness Run	CITY-ST-ZIP: Flagler Beach, FL 32136
TITLE: VD	NAME: Ballard, Mack	STREET ADDRESS: 104 Muirfield Dr.	CITY-ST-ZIP: Daytona Beach, FL 32114
TITLE: ISD	NAME: Marcum, Marlin	STREET ADDRESS: 1931 S. Peninsula Dr.	CITY-ST-ZIP: Daytona Beach, FL 32118
TITLE: NAME:	STREET ADDRESS:	CITY-ST-ZIP:	
TITLE: NAME:	STREET ADDRESS:	CITY-ST-ZIP:	
TITLE: NAME:	STREET ADDRESS:	CITY-ST-ZIP:	

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12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jim Raley Jim Raley 4/16/02 386-672-5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)