

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 11, 2005
Secretary of State**

DOCUMENT# 735254

Entity Name: CALVARY ASSEMBLY OF GOD OF ORMOND BEACH, FLORIDA, INC.

Current Principal Place of Business:

1687 W. GRANADA BLVD.
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

1687 W. GRANADA BLVD.
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 59-1647066 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RALEY, JIM
6 WILDERNESS RUN
FLAGLER BEACH, FL 32136 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: PD () Delete
Name: RALEY, JIM
Address: 6 WILDERNESS RUN
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VD () Delete
Name: BALLARD, MACK
Address: 104 MUIRFIELD DR
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TSD () Delete
Name: MARCUM, MARLIN
Address: 1931 S PENINSULA DR
City-St-Zip: DAYTONA BEACH, FL 32118

Title: TSD () Delete
Name: MCCOY, TROY T
Address: 255 W WOODHAVEN CIR
City-St-Zip: ORMOND BEACH, FL 32174

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:

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: TROY T. MCCOY

TSD

01/11/2005

Electronic Signature of Signing Officer or Director

_____ Date