

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735254

FILED  
Jan 24, 2007  
Secretary of State

**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 (X)

**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 Chapter 119, 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

01/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date