


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 23, 2004 8:00 am
Secretary of State

09-23-2004 90002 006 ****61.25

DOCUMENT # N00000003290	
1. Entity Name CALVARY ASSEMBLY OF GOD OF ST. AUGUSTINE INC.	

Principal Place of Business 2806 N. 5TH ST. ST. AUGUSTINE, FL 32084	Mailing Address 2806 N. 5TH ST. ST. AUGUSTINE, FL 32084
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07022004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-3302930	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARKE, DOUGLAS P
30 LYNDENHURST LN
PALM COAST,, FL 32137

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARKE, DOUGLAS P 30 LYNDENHURST LN PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUGGERI, JOHN 604 STAFFORD 815 S.R. 206 E. ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GWIZDAK, DAN 5424 SHORE DR. 3720 A JOE Ashton Rd. ST. AUGUSTINE, FL 32086 St. Augustines, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Douglas P. Clarke* **9/20/2004** **9048244562**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #