2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N00000003290

FILED Aug 09, 2005 Secretary of State

Entity Name: CALVARY ASSEMBLY OF GOD OF ST. AUGUSTINE INC.

Current Principal Place of Business: New Principal Place of Business:

2200 NORTH PONCE DE LEON BLVD

ST. AUGUSTINE, FL 32084

ST. AUGUSTINE, FL 32084

Current Mailing Address: New Mailing Address:

2806 N. 5TH ST 2200 NORTH PONCE DE LEON BLVD ST. AUGUSTINE, FL 32084

ST. AUGUSTINE, FL 32084

FEI Number: 59-3302930 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLARKE, DOUGLAS P LITTLE, MARK A REV 30 LYNDENHURST LN 920 BRUEN STREET

US SAINT AUGUSTINE, FL 32084 PALM COAST,, FL 32137 US

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: MARK A. LITTLE 08/09/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

CLARKE, DOUGLAS P REV LITTLE, MARK A REV Name: Name: 30 LYNDENHURST LN Address: 920 BRUEN STREET Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VD () Delete Title: () Change () Addition

Name: RUGGERI, JOHN Name: Address: 815 SR 206 E Address: ST. AUGUSTINE, FL 32086 City-St-Zip: City-St-Zip:

Title: SD () Delete Title: () Change () Addition

BORDLEY, ALLIE Name: Name: 825 WILDWOOD DR. Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32086 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: JOHN RUGGERI VD 08/09/2005