

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735254

**FILED**  
**Jan 26, 2017**  
**Secretary of State**  
**CC0025589414**

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

**Current Principal Place of Business:**

1687 W. GRANADA BLVD.  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

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

**FEI Number: 59-1647066**

**Certificate of Status Desired: No**

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

RALEY, JIM  
297 N. BEACH ST  
ORMOND BEACH, FL 32174 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name RALEY, JIM  
Address 297 N. BEACH ST.  
City-State-Zip: ORMOND BEACH FL 32174

Title VD  
Name BALLARD, MACK  
Address 41 LIONS PAW GRAND  
City-State-Zip: DAYTONA BEACH FL 32124

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

*I hereby 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 all other like empowered.*

**SIGNATURE: TROY T MCCOY**

**SECRETARY**

**01/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date