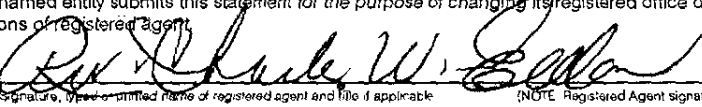
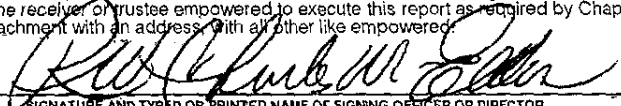


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 701561					
1. Entity Name CALVARY ASSEMBLY OF GOD OF HOLLYWOOD, INC.					
Principal Place of Business 300 NORTH 62 AVE HOLLYWOOD FL 33024			Mailing Address 300 NORTH 62 AVE HOLLYWOOD FL 33024		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2123454	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ELDON, CHARLES W 300 NORTH 62 AVE HOLLYWOOD FL 33024				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 		DATE April 26, 2005			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	UD00000347339 ☐ Change ☐ Addition	
NAME	ELDON, CHARLES W		NAME	04/30/05-80111-011 61.25	
STREET ADDRESS	6620 SW 12 ST		STREET ADDRESS		
CITY- ST- ZIP	PEMBROKE PINES FL 33023		CITY- ST- ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ELDON, PHILLIP E		NAME		
STREET ADDRESS	210 SW 65 AVENUE		STREET ADDRESS		
CITY- ST- ZIP	PEMBROKE PINES FL 33023		CITY- ST- ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LOUIS, ROBERT		NAME		
STREET ADDRESS	19824 NW 53 CT		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33055		CITY- ST- ZIP		
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	REED, KATHERINE		NAME		
STREET ADDRESS	5372 NW 201 TERR		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33055		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		DATE April 26, 2005			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			