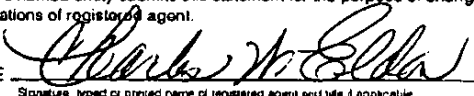


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-02-2007 90022 004 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2123454	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELDON, CHARLES W 300 NORTH 62 AVE (Current Address) HOLLYWOOD FL 33024				7. Name and Address of New Registered Agent Name CHARLES W. ELDON (CH) Street Address (P.O. Box Number is Not Acceptable) (Home) 6620 S. W. 12th St (300 North Ave) City Hollywood FL Zip Code 33024	
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 Feb 22, 2007	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	PD ELDON, CHARLES W 6620 SW 12 ST PEMBROKE PINES FL 33023	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LOUIS, ROBERT 19824 NW 53 CT MIAMI FL 33055	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD REED, KATHERINE 5372 NW 201 TERR MIAMI FL 33055	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JAMES GAROSTOLA (THUS PER) HOLLYWOOD, FLORIDA	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAMES GAROSTOLA 4330 HILCREST DRIVE APT. 908 Hollywood, Florida 33021	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  CHARLES W. ELDON					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date FEB 22, 2007					
Daytime Phone # 954-9692350					

00000010



1st MOORE CR2E037 (10/06)