# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 05, 2009**
**Secretary of State**

DOCUMENT# 702484

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

**Current Principal Place of Business:**

1199 CLAY STREET
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

1199 CLAY STREET
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number: 59-1024429** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

COPE, GEORGE D
1199 CLAY STREET
WINTER PARK, FL 32789 US

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

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

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | PD | ( ) Delete |
| Name: | COPE, GEORGE D | |
| Address: | 1297 BLESSING ST | |
| City-St-Zip: | MAITLAND, FL 32751 | |
| Title: | SD | ( ) Delete |
| Name: | GRAUBNER, NEIL | |
| Address: | 2367 COACH HOUSE BLVD., #3 | |
| City-St-Zip: | ORLANDO, FL 32812 | |
| Title: | TD | ( ) Delete |
| Name: | GRAUBER, NEIL | |
| Address: | 2367 COACH HOUSE BLVD #3 | |
| City-St-Zip: | ORLANDO, FL 32812 | |
| Title: | D | ( ) Delete |
| Name: | JESSEN, THOMAS | |
| Address: | 1867 LOST SPRING CT. | |
| City-St-Zip: | LONGWOOD, FL 32779 | |
| Title: | VD | ( ) Delete |
| Name: | NORMAN, GEORGE J | |
| Address: | 306 WILD OLIVE LANE | |
| City-St-Zip: | LONGWOOD, FL 32779 | |
| Title: | D | ( ) Delete |
| Name: | NORMAN, JAMES G | |
| Address: | 4445 OLD BEAR RUN | |
| City-St-Zip: | WINTER PARK, FL 32792 | |

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

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GEORGE D. COPE PD 02/05/2009

Electronic Signature of Signing Officer or Director — Date