

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721318

FILED
Jan 10, 2007
Secretary of State

Entity Name: CALVARY ASSEMBLY OF GOD OF KISSIMMEE, INC.

Current Principal Place of Business:

KISSIMMEE INC
711 N THACKER AVE
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

KISSIMMEE INC
711 N THACKER AVE
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 05-0002605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, LARRY
711 N THACKER AVENUE
KISSIMMEE, FL 34741 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: STD () Delete
Name: CRISANTE, MICHAEL
Address: 1692 ORANGE THORPE LANE
City-St-Zip: CLERMONT, FL 34711

Title: P () Delete
Name: MOORE, LARRY
Address: 1121 E. LAKE SHORE
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: EIMERS, KENNETH
Address: 2910 FORESTER COURT
City-St-Zip: KISSIMMEE, FL 34758

Title: D () Delete
Name: MALSON, CHARLES
Address: 6400 WARREN CT.
City-St-Zip: ST. CLOUD, FL 34771

Title: D () Delete
Name: SMITH, JOSEPH
Address: 72 YORK CT.
City-St-Zip: KISSIMMEE, FL 34758

Title: DST () Delete
Name: ORAZI, TOD
Address: 1110 N. PALM AVE
City-St-Zip: KISSIMMEE, FL 34741

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: D (X) Change () Addition
Name: DUMEZ, DAVID
Address: 5220 DEER CREEK DR.
City-St-Zip: ORLANDO, FL 32821

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

Title: D (X) Change () Addition
Name: ORAZI, TOD
Address: 1110 N. PALM AVE
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the 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: TOD ORAZI

D

01/10/2007

Electronic Signature of Signing Officer or Director

Date