

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:23

DOCUMENT # **735254** (5)
1. Corporation Name
CALVARY ASSEMBLY OF GOD OF ORMOND BEACH, FLORIDA, INC.

Principal Place of Business Mailing Address
1687 W. GRANADA BLVD. ORMOND BEACH FL 32174-1801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/15/1976** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1647066** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent
**RUSSELL, WILLIAM R II
1 CARRIAGE CREEK WAY
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent
81 Name **ANDEREGG, JOHN P.**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *John P. Anderegg* **John P. Anderegg** 3-20-95
Standard, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS
TITLE **TD**
NAME **PATERNITI, EDWARD D.**
STREET ADDRESS **555 W. GRANADA BLVD.#C10**
CITY-ST-ZIP **ORMOND BEACH FL**
TITLE **SD**
NAME **BROWN, CHARLES**
STREET ADDRESS **5238 WOOD STREET**
CITY-ST-ZIP **DAYTONA BEACH FL**
TITLE **PD**
NAME **RUSSELL, WILLIAM R II**
STREET ADDRESS **1 CARRIAGE CREEK WAY**
CITY-ST-ZIP **ORMOND BEACH FL**
TITLE **VD**
NAME **COURTEAUX, ROBERT J**
STREET ADDRESS **1434 GOLF AVE**
CITY-ST-ZIP **ORMOND BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **PD** Change Addition
1.2 NAME **Anderegg, John P.**
1.3 STREET ADDRESS **1 Carriage Creek Way**
1.4 CITY-ST-ZIP **Ormond Beach, FL 32174**
2.1 TITLE **VD** Change Addition
2.2 NAME **Ballard, Mack**
2.3 STREET ADDRESS **2 Creekview Way**
2.4 CITY-ST-ZIP **Ormond Beach, FL 32174**
3.1 TITLE **TSD** Change Addition
3.2 NAME **Marcum, Marlin**
3.3 STREET ADDRESS **1931 S. Peninsula Drive**
3.4 CITY-ST-ZIP **Daytona Beach, FL 32118**
4.1 TITLE Change Addition
4.2 NAME **Remove: Courteaux, Robert J.**
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John P. Anderegg* **John P. Anderegg** 3-20-95 (904) 672-5571
Signature and typed or printed name of current officer or director Date Daytime Phone #