

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90378 023 ****61.25

DOCUMENT # 735254
1. Entity Name
Calvary Assembly of God of Ormond Beach, Florida, Inc.

DO NOT WRITE IN THIS SPACE

637268

2. Principal Place of Business
1687 W. Granada Blvd.
Suite, Apt. #, etc.

3. Mailing Address
1687 W. Granada Blvd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ormond Beach, FL

City & State
Ormond Beach, FL

Zip Country
32174 Country

Zip Country
32174 Country

4. FEI Number
59-1647066

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Raley, Jim

Street Address (P.O. Box Number is Not Acceptable)
6 Wilderness Run

City
Flagler Beach

FL Zip Code
32136

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)

FEES \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Raley, Jim
STREET ADDRESS	6 Wilderness Run
CITY - ST - ZIP	Flagler Beach, FL 32136
TITLE	VD
NAME	Ballard, Mack
STREET ADDRESS	104 Muirfield Dr.
CITY - ST - ZIP	Daytona Beach, FL 32114
TITLE	TSB
NAME	Marcum, Marlin
STREET ADDRESS	1931 S. Peninsula Dr.
CITY - ST - ZIP	Daytona Beach, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jim Raley Jim Raley 4/16/02 386-672-5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)