2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2008
Secretary of State

DOCUMENT# 767791

Entity Name: CALVARY CHRISTIAN ASSEMBLY, INC.

Current Principal Place of Business:

5014 26TH AVE S.
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

5014 26TH AVE S.
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 59-2278411 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUCKEBA, RALPH
5209 12TH AVE. S.
GULDPORT, FL 33707 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:	LEPORE, PASQUALE REV	
Address:	5014 26 AVE S.	
City-St-Zip:	GULFPORT, FL 33707	
Title:	ASD	( ) Delete
Name:	HUCKEBA, PATRICIA	
Address:	5209 12TH AVE. S.	
City-St-Zip:	GULFPORT, FL 33707	
Title:	VPD	( ) Delete
Name:	HUCKEBA, RALPH REV	
Address:	5209 12TH AVE S.	
City-St-Zip:	GULFPORT, FL 33707	
Title:	STD	( ) Delete
Name:	LEPORE, ANGELINA	
Address:	5014 26 AVE S	
City-St-Zip:	GULFPORT, FL 33707	
Title:	RSD	( ) Delete
Name:	LEPORE, JENNIFER	
Address:	3014 56TH ST S.	
City-St-Zip:	GULFPORT, FL 33707	
Title:	CD	( ) Delete
Name:	LEPORE, MARK J	
Address:	3014 56 ST S	
City-St-Zip:	GULFPORT, FL 33707	

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: PASQUALE LEPORE RVE 01/03/2008

Electronic Signature of Signing Officer or Director — Date