2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# 767791

Entity Name: CALVARY CHRISTIAN ASSEMBLY, INC.

Current Principal Place of Business:

5014 26TH AVE S.
GULFPORT, FL 33707 US

New Principal Place of Business:

Current Mailing Address:

5014 26TH AVE SO
GULFPORT, FL 33707 US

New Mailing Address:

5014 26TH AVE S.
GULFPORT, FL 33707 US

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

Name and Address of Current Registered Agent:

HUCKEBA, RALPH N DR
5014 26TH AVE SO
GULFPORT, 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
Name: HUCKEBA, RALPH N DR
Address: 5014 26 AVE S.
City-St-Zip: GULFPORT, FL 33707 US

Title: VP
Name: HUCKEBA, PATRICIA L MRS
Address: 5014 26TH AVE. S.
City-St-Zip: GULFPORT, FL 33707 US

Title: VP
Name: LEPORE, ANGELA M MRS
Address: 5117 26TH AVE S.
City-St-Zip: GULFPORT, FL 33707 US

Title: SEC
Name: HUCKEBA, PATRICIA L MRS
Address: 5014 26TH AVE SO
City-St-Zip: GULFPORT, FL 33707 US

Title: TREA
Name: LEPORE, ANGELA M MRS
Address: 5117 26TH AVE SO
City-St-Zip: GULFPORT, FL 33707 US

I hereby 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 all other like empowered.

SIGNATURE: DR RALPH N HUCKEBA PRES 04/29/2011
Electronic Signature of Signing Officer or Director Date