


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 769612 (3)
1. Corporation Name
CALVARY MINISTRY, INC.



Principal Place of Business % JOHN RAUCCI 1480 MERCURY ST. MERRITT ISLAND FL 32953-3123	Mailing Address % JOHN RAUCCI 1480 MERCURY ST. MERRITT ISLAND FL 32953-3123
---	---

3. Date Incorporated or Qualified 07/29/1983	3a. Date of Last Report 04/18/1996
--	--

2. Principal Place of Business 21 190 Grant Road Suite, Apt. #, etc. 22 City & State 23 Merritt Island, FL Zip 24 32953	2a. Mailing Address 26 SAME AS Suite, Apt. #, etc. 27 Above City & State 28 Zip 29 Country 30 USA	4. FEI Number 59-2965813 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	---	---	---	--

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAUCCI, JOHN (PASTOR)
1480 MERCURY ST
MERRITT ISLAND FL 32953**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	SAME		FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUCCI, JOHN	1.2 NAME	
STREET ADDRESS	1480 MERCURY ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECOT, KEITH	2.2 NAME	
STREET ADDRESS	4460 OLYMPIC DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST JOHN FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEARD, WORTHAM	3.2 NAME	
STREET ADDRESS	1380 NORTH CARPENTER RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUCCI, LARRY	4.2 NAME	
STREET ADDRESS	520 DIANA BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MARY J.	5.2 NAME	
STREET ADDRESS	250 S SYKES CREEK PKWY, #709B	5.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILECCE, ROSE	6.2 NAME	
STREET ADDRESS	655 PARKSIDE AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	6.4 CITY-ST-ZIP	

14. I do 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 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.

CR2E037 (9/96)

407-452-4717