Apriled For

Not Applicable

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769612

1. Corporation Name

CALVARY MINISTRY, INC.

ONCOME MINIOTHER MO	
Principal Place of Business	Mailing Address
190 GRANT RD. MERRITT ISLAND FL 32953 US	% JOHN RAUCCI 190 GRANT RD MERRITT ISLAND FL 32933 US
2. Principal Place of Business	2a. Mailing Address
Suite, Act. #, etc.	Suite, Apt. #, etc.

3. Date Incorporated or Qualifed

07/29/1983 4. FEL Number

59-2965813

FILED

04-29-1999 90093 040 ****61.25

\$8.75 Additional City & State City & State \Box 5. Certifcate of Status Desired Fee Required 28 23 Country \$5.00 May Be Zip Country Zip 6. Election Campaign Financing Added to Fees 30 Trust Fund Contribution 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent RAUCCI, JOHN (PASTOR) Street Address (P.O. Box Number is Not Acceptable) 1480 MERCURY ST 83 MERRITT ISLAND FL 32953 Zip Code 84 85 City 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. Lam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature ed agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition ☐ DELETE 11 TITLE TIΠE RAUCCI, JOHN NAME 1480 MERCURY ST 1.3 STREET ADDRESS STREET ADDRESS MERRITT ISLAND, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 21 TITLE Change TITLE PECOT, KEITH 2.2 NAME NAME 4460 OLYMPIC DR 2.3 STREET ADDRESS STREET ADDRESS PORT ST JOHN FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 3.1 TITLE TITLE RAUCCI, LARRY 3.2 NAME NAME 520 DIANA BLVD. STREET ADDRESS 3.3 STREET ADDRESS MERRITT ISLAND FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 4.1 TITLE TITLE TAYLOR, MARY J. 4. 2 NAME NAME 250 S SYKES CREEK PKWY, #709B 4.3 STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 4.4 CITY-ST-ZIP CITY-ST-ZIF Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME DILECCE, ROSE NAME 3340 Biscayne Drive 5.3 STREET ADDRESS 655 PARKSIDE AVE STREET ADDRESS Merritt Island 5.4 CITY-ST-ZIP MERRITT ISLAND FL CITY- ST- ZIP ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 of the receiver of 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 a stackment with an address, with all other like empowered.

SIGNATURE:

WURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Daytime Phone #

CR2E037 (11/98)