

ANNUAL REPORT

DOCUMENT # 769612

1. Entity Name
CALVARY MINISTRY, INC.

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90004 042 ****61.25

Principal Place of Business
190 GRANT RD.
MERRITT ISLAND, FL 32953 USMailing Address
% JOHN RAUCCI
190 GRANT RD
MERRITT ISLAND, FL 32953 US

05162004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE4. FEI Number
59-2965813Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

RAUCCI, JOHN (PASTOR)
1480 MERCURY ST
MERRITT ISLAND, FL 32953**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *John Raucci*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when re-registering)

DATE

7-25-04

Filing Fee is \$61.25
Due by September 8, 20049. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAUCCI, JOHN 1480 MERCURY ST MERRITT ISLAND, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PECOT, KETIN 4460 OLYMPIC DR PORT ST JOHN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAYLOR, MARY J. 250 S SYKES CREEK PKWY, #709B MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DILECCE, ROSE 3340 BISCAYNE DR MERRITT ISLAND, FL 32953 (delete)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Felicia Mozzillo 5475 Lovett Drive Merritt Island, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Raucci*

7-25-04

SIGNATURE AND TYPER OR DESIGNATED NAME ARE REQUIRED FOR FILING THIS REPORT

Date

Filing Office #