

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 769612	
1. Entity Name CALVARY MINISTRY, INC.	

Principal Place of Business 190 GRANT RD. MERRITT ISLAND FL 32953 US	Mailing Address % JOHN RAUCCI 190 GRANT RD MERRITT ISLAND FL 32953 US
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number **59-2965813** Applied For
Not Applicable

5. 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**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 retamping) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAUCCI, JOHN 1480 MERCURY ST MERRITT ISLAND, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PECOT, KEITH 4460 OLYMPIC DR PORT ST JOHN FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAYLOR, MARY J. 250 S SYKES CREEK PKWY, #709B MERRITT ISLAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOZZILLO, FELICIA 5475 LOVETT DR MERRITT ISLAND FL 32953	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
	U00000436402 02/27/06-80036-002 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.