

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90147 044 \*\*\*\*61.25

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2965813**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete  
NAME **RAUCCI, JOHN**  
STREET ADDRESS **1480 MERCURY ST**  
CITY-ST-ZIP **MERRITT ISLAND, FL 00000**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **PECOT, KEITH**  
STREET ADDRESS **4460 OLYMPIC DR**  
CITY-ST-ZIP **PORT ST JOHN FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **RAUCCI, LARRY**  
STREET ADDRESS **520 DIANA BLVD.**  
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **TAYLOR, MARY J.**  
STREET ADDRESS **250 S SYKES CREEK PKWY, #709B**  
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **DILECCE, ROSE**  
STREET ADDRESS **3340 BISCAYNE DR**  
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *[Signature]* **RECEIVED**

**4/16/03** **321-452-4717**

CR2E037 (10/02)