2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006672

FILED Aug 31, 2005 Secretary of State

Entity Name: CALVARY CHARISMATIC CHURCH, INC. **Current Principal Place of Business: New Principal Place of Business:** 818 A1A NORTH SUITE 204 PONTE VEDRA BEACH, FL 32082 **New Mailing Address: Current Mailing Address:** 818 A1A NORTH SUITE 204 PONTE VEDRA BEACH, FL 32082 FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOODE, BRYAN C III BODEWES, ROSETTA S 333 NORTH FIRST STREET 531 ATLANTIC BLVD SUITE 305 SUITE 7 JACKSONVILLE BEACH, FL 32250 US ATLANTIC BEACH, FL 32233 US 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. SIGNATURE: ROSETTA SHELLEY BODEWES 08/31/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FREEMAN, JASON Name: Name: Address: 818 A1A NORTH, SUITE 204 Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SARPONG AMPRATWUM, FRANCIS G Name: Address: 818 A1A NORTH, SUITE 204 Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: () Delete Title: () Change () Addition OFORI-DADZIE, KWEKU Name: Name: 818 A1A NORTH, SUITE 204 Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON FREEMAN D 08/31/2005