2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006672

Entity Name: CALVARY CHARISMATIC CHURCH, INC.

FILED May 03, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Jurrent Principal Place of Business:	New Principal Place of Business:

818 A1A NORTH 226 N NOVA RD SUITE 204 SUITE 304

PONTE VEDRA BEACH, FL 32082 ORMOND BEACH, FL 32174

Current Mailing Address: New Mailing Address:

226 N NOVA RD 818 A1A NORTH SUITE 304 SUITE 204

PONTE VEDRA BEACH, FL 32082 ORMOND BEACH, FL 32174

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:

BODEWES, ROSETTA S 531 ATLANTIC BLVD SUITE 7 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:

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition FREEMAN, JASON FREEMAN, JASON Name: Name: Address: 818 A1A NORTH, SUITE 204 Address: 226 N NOVA RD SUITE 304 City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: ORMOND BEACH, FL 32174

Title: () Delete Title: (X) Change () Addition

SARPONG AMPRATWUM, FRANCIS G Name: Name: SARPONG AMPRATWUM, FRANCIS G Address: 818 A1A NORTH, SUITE 204 Address: 226 N NOVA RD SUITE 304 City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32174

Title: () Delete Title: (X) Change () Addition

OFORI-DADZIE, KWEKU OFORI-DADZIE, KWEKU Name: Name: 818 A1A NORTH, SUITE 204 226 NOVA RD SUITE 304 Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 CEO 05/03/2006