

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12585

FILED
Apr 05, 2006
Secretary of State

Entity Name: CALVARY FIRST ASSEMBLY OF GOD OF HAINES CITY INCORPORATED

Current Principal Place of Business:

4550 JOHNSON AVE E
P. O. BOX 3354
HAINES CITY, FL 33844 US

New Principal Place of Business:

4550 JOHNSON AVE E
HAINES CITY, FL 33844 US

Current Mailing Address:

P O BOX 3354
P. O. BOX 3354
HAINES CITY, FL 33844 US

New Mailing Address:

4550 JOHNSON AVE E
HAINES CITY, FL 33844 US

FEI Number: 59-2558020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PECK, GARY E
210 LAKE VILLA WAY
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PECK, GARY E
Address: 210 LAKE VILLA WAY
City-St-Zip: HAINES CITY, FL 33844

Title: SD () Delete
Name: ALLEN, ALICE
Address: 1183 BRADBURY ROAD
City-St-Zip: HAINES CITY, FL 33844

Title: TD () Delete
Name: LYONS, JOHN
Address: 1812 LOWRY AVENUE
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GARY E. PECK

PD

04/05/2006

Electronic Signature of Signing Officer or Director

Date