

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51018

FILED
Jul 31, 2004
Secretary of State**Entity Name:** CALVARY CHRISTIAN CENTER ASSEMBLY OF GOD OF CITRUS COUNTY, INC.**Current Principal Place of Business:**2728 E HARLEY ST
INVERNESS, FL 34453**New Principal Place of Business:****Current Mailing Address:**2728 E HARLEY ST
INVERNESS, FL 34453**New Mailing Address:****FEI Number:** 59-3070584**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RAIRICK, MICHAEL T
352 N. MANOR WAY
LECANTO, FL 34461 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: RAIRICK, MICHAEL T
Address: 352 N MANOR WAY
City-St-Zip: LECANTO, FL 34461**Title:** D () Delete
Name: PHILLIPS, DON
Address: 805 S ROSEMARY PT
City-St-Zip: HOMOSASSA, FL 34448**Title:** S () Delete
Name: FERRANTE, STEVEN
Address: 1627 W STAFFORD ST
City-St-Zip: HERNANDO, FL 34442**Title:** T () Delete
Name: MERCER, GEORGE
Address: 2091 N. CROFT AVE
City-St-Zip: HERNANDO, FL 34442**Title:** D () Delete
Name: RUSSO, ROBERT
Address: 9734 E GRANADA CT
City-St-Zip: INVERNESS, FL 34450**Title:** D () Delete
Name: WAGNER, DAVID
Address: 2632 E CELINA
City-St-Zip: INVERNESS, FL 34453**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: JUSE, DANN
Address: 6389 E. GRANTHAM COURT
City-St-Zip: HERNANDO, FL 34442**Title:** S (X) Change () Addition
Name: STRICKLAND, DAVID
Address: 4742 E. SJPRUCE DRIVE
City-St-Zip: DUNNELLON, FL 34434**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: CASSIDY, MARK
Address: 810 STATELY OAKS DRIVE
City-St-Zip: INVERNESS, FL 34453

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: MICHAEL T. RAIRICK

PD

07/31/2004

Electronic Signature of Signing Officer or Director

Date