

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N51018 1. Entity Name CALVARY CHRISTIAN CENTER ASSEMBLY OF GOD OF CITRUS COUNTY, INC.					
Principal Place of Business 2728 E HARLEY ST INVERNESS, FL 34453			Mailing Address 2728 E HARLEY ST INVERNESS, FL 34453		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3070584	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAIRICK, MICHAEL T 352 N. MANOR WAY LECANTO, FL 34461				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <i>Michael T. Rairick</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50 </div> <div> Make check payable to Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAIRICK, MICHAEL T 352 N MANOR WAY LECANTO, FL 34461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Taylor 281 Olympia St. HERNANDO, FL 34442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUSE, DANN 6389 E. GRANTHAM COURT HERNANDO, FL 34442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Bass 4729 N. JADE MOR DR. Beverly Hills, FL 34465	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRICKLAND, DAVID 4742 E. SJPRUCE DRIVE DUNNELLON, FL 34434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George Mooney 3304 N. TYRONE AVE HERNANDO, FL 34442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MERCER, GEORGE 2091 N. CROFT AVE HERNANDO, FL 34442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 400061870054 12/02/05--01051--011 **245.00 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSO, ROBERT 9734 E GRANADA CT INVERNESS, FL 34450	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSIDY, MARK 810 STATELY OAKS DRIVE INVERNESS, FL 34453	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
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: <i>Michael T. Rairick</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <div>Date</div> <div>Daytime Phone #</div> </div>					