


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90008 044 ****61.25

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		
Zip		Country	Zip		Country
4. FEI Number 59-3070584				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAIRICK, MICHAEL T 352 N. MANOR WAY LECANTO, FL 34461				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
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	S Thomas Fisher 826 E. Gaines Lane Hernando, FL 34442
		<input type="checkbox"/> Change		<input checked="" type="checkbox"/> Addition	
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 George Mooney 3304 N. Tyrone Ave Hernando, FL 34442
		<input type="checkbox"/> Change		<input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	S STRICKLAND, DAVID 4742 E. SJPRUCE DRIVE DUNNELLON, FL 34434	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	D Paul Kessler 12 W. Golden St Beverly Hills FL 34465
		<input type="checkbox"/> Change		<input checked="" type="checkbox"/> Addition	
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	
		<input type="checkbox"/> Change		<input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	D TAYLOR, DAVID 281 OLYMPIA ST. HERNANDO, FL 34442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	
		<input type="checkbox"/> Change		<input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	D BASS, WILLIAM 4729 NW JADE MOR DR. BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	
		<input type="checkbox"/> Change		<input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>				7-13-06 352-637-5100	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	