


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N51018</b> 1. Entity Name CALVARY CHRISTIAN CENTER ASSEMBLY OF GOD OF CITRUS COUNTY, INC.	
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Principal Place of Business 2728 E HARLEY ST INVERNESS, FL 34453	Mailing Address 2728 E HARLEY ST INVERNESS, FL 34453
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**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3070584</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  RAIRICK, MICHAEL T 352 N. MANOR WAY LECANTO, FL 34461
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAIRICK, MICHAEL T 352 N MANOR WAY LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUSE, DANN 6389 E. GRANTHAM COURT HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESSER, PAUL 12 WEST GOLDEN ST BEVERLY HILLS, FL 34465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MERCER, GEORGE 2091 N. CROFT AVE HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, DAVID 281 OLYMPIA ST. HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FISHER, THOMAS 826 EAST GAINES LN HERNANDO, FL 34442

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01/24/08-80013-007 61.25

**DO NOT WRITE  
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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:** George L Mercer **1-20-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #