

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51018

FILED
Apr 06, 2009
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: JUSE, DANN
Address: 6389 E. GRANTHAM COURT
City-St-Zip: HERNANDO, FL 34442

Title: D () Delete
Name: KESSER, PAUL
Address: 12 WEST GOLDEN ST
City-St-Zip: BEVERLY HILLS, FL 34465

Title: T () Delete
Name: MERCER, GEORGE
Address: 2091 N. CROFT AVE
City-St-Zip: HERNANDO, FL 34442

Title: D () Delete
Name: TAYLOR, DAVID
Address: 281 OLYMPIA ST.
City-St-Zip: HERNANDO, FL 34442

Title: S () Delete
Name: FISHER, THOMAS
Address: 826 EAST GAINES LN
City-St-Zip: HERNANDO, FL 34442

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:

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 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: GEORGE MERCER

TREA

04/06/2009

Electronic Signature of Signing Officer or Director

Date