2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003
Secretary of State

DOCUMENT# N51018

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:	( ) 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 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 03/13/2003

Electronic Signature of Signing Officer or Director — Date