

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # N99000005368		
1. Entity Name LIGHT OF CALVARY EAST COAST CHURCH, INC.		

Principal Place of Business 540 NORTH DIXIE FREEWAY NEW SMYRNA BEACH FL 32168		Mailing Address 540 NORTH DIXIE FREEWAY NEW SMYRNA BEACH FL 32168
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KAMMER, PAUL 236 WILDWOOD NEW SMYRNA BEACH FL 32168		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

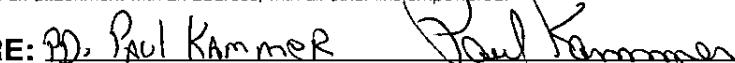
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAMMER, PAUL 204 1/2 N. RIDGEWOOD AVENUE EDGEWATER FL 32132	<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	VPD HALL, HEATH 3327 JUNIPER DRIVE EDGEWATER FL 32141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARY GANTERMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPD 231 LOS OCANAN EDgewater FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OWENS, GINNY 5649 WOOD STREET PORT ORANGE FL 32127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Robin-Sullivan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 623 EAST minnesota Ave Deland, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED  
Mar 09, 2004 8:00 am  
Secretary of State**

03-09-2004 90011 021 \*\*\*\*61.25



MOORE CR2E037 (11/03)

4. FEI Number 52-2183763	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KAMMER, PAUL 236 WILDWOOD NEW SMYRNA BEACH FL 32168	Name Street Address (P.O. Box Number is Not Acceptable) City
	FL Zip Code

3-5-04 (386) 466-8246  
Daytime Phone #