

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005368

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** LIGHT OF CALVARY EAST COAST CHURCH, INC.

**Current Principal Place of Business:**

2923 WOODLAND DR.  
EDGEWATER,, FL 32141

**New Principal Place of Business:**

**Current Mailing Address:**

2923 WOODLAND DR.  
EDGEWATER,, FL 32141

**New Mailing Address:**

**FEI Number:** 52-2183763

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAMMER, PAUL  
2923 WOODLAND DR.  
EDGEWATER,, FL 32141 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: KAMMER, PAUL  
Address: 2923 WOODLAND D.  
City-St-Zip: EDGEWATER, FL 32141

Title: VPD ( ) Delete  
Name: GEORGE, GALLOWAY  
Address: 3314 TAMARIND DR.  
City-St-Zip: EDGEWATER, FL 32141

Title: SD ( ) Delete  
Name: FRED, JARVIS  
Address: 2016 WOODLAND AVE.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VPD ( ) Delete  
Name: RICHARD, HILL  
Address: .1922 MANGO TR.DR.  
City-St-Zip: EDGEWATER, FL 32141

Title: VPD ( ) Delete  
Name: JODI, GALLOWAY  
Address: .3314 TAMARIND DR  
City-St-Zip: EDGEWATER, FL 32141

Title: VPD ( ) Delete  
Name: SHEILA, KAMMER  
Address: 2923 WOODLAND DR.  
City-St-Zip: EDGEWATER, FL 32141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: CARLTON, BUDDY  
Address: PO. BOX 705  
City-St-Zip: EDGEWATER, FL 32132

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: CARLTON, BARBARA  
Address: .PO. BOX 705  
City-St-Zip: EDGEWATER, FL 32132

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: PAUL KAMMER

PD

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date