

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735254

**Entity Name:** CALVARY ASSEMBLY OF GOD OF ORMOND BEACH, FLORIDA, INC.

**FILED**  
**Feb 25, 2025**  
**Secretary of State**  
**0602769894CC**

**Current Principal Place of Business:**

1687 W. GRANADA BLVD.  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

1687 W. GRANADA BLVD.  
ORMOND BEACH, FL 32174 US

**FEI Number: 59-1647066**

**Certificate of Status Desired: No**

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

RALEY, JIM  
1687 W GRANADA BLVD  
ORMOND BEACH, FL 32174 US

*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

**Officer/Director Detail :**

|                 |                       |                 |                 |
|-----------------|-----------------------|-----------------|-----------------|
| Title           | PD                    | Title           | TSD             |
| Name            | RALEY, JIM            | Name            | MCCOY, TROY     |
| Address         | 1687 W GRANADA BLVD   | Address         | 2565 AZZURRA LN |
| City-State-Zip: | ORMOND BEACH FL 32174 | City-State-Zip: | OCOE FL 34761   |
|                 |                       |                 |                 |
| Title           | VD                    |                 |                 |
| Name            | BUNN, ANDERSON        |                 |                 |
| Address         | 1687 W GRANADA BLVD   |                 |                 |
| City-State-Zip: | ORMOND BEACH FL 32124 |                 |                 |

*I hereby 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 all other like empowered.*

SIGNATURE: ANDERSON BUNN

VD

02/25/2025

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date