

CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 APR 30 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: **DOCUMENT # 763706 (9)**
CALVARY LOVE, INC.
24352 NE 151 PL
SALT SPRINGS FL 32134

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

FILING FEE \$200.00
ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date Incorporated or Qualified: **06/16/1982**
3a. Date of Last Report: **08/24/1992**
4. FEI Number: **592206738**
5. Certificate of Status Desired: \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Mailing Address
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
2a. Principle Place of Business
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent
ROOKS, MARVIN E.
2130 CHINOOK TRL
MAITLAND FL 32751

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL Zip Code
86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1506 or Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS
1.1 TITLE: **P/D**
1.2 NAME: **SONDER, JIMMY**
1.3 ADDRESS: **24352 NE 151 PL**
1.4 CITY-ST-ZIP: **SALT SPRINGS FL**
2.1 TITLE: **D**
2.2 NAME: **ROOKS, MARVIN E**
2.3 ADDRESS: **2130 CHINOOK TRAIL**
2.4 CITY-ST-ZIP: **MAITLAND, FL 00000**
3.1 TITLE: **V/D**
3.2 NAME: **STRICKLAND, ED**
3.3 ADDRESS: **BOX 32 SUNSET DR**
3.4 CITY-ST-ZIP: **FROST PROOF, FL 00000**
4.1 TITLE: **D/S/T**
4.2 NAME: **SONDER, CAROL**
4.3 ADDRESS: **24352 NE 151 PL**
4.4 CITY-ST-ZIP: **SALT SPRINGS FL**
5.1 TITLE: _____
5.2 NAME: _____
5.3 ADDRESS: _____
5.4 CITY-ST-ZIP: _____
6.1 TITLE: _____
6.2 NAME: _____
6.3 ADDRESS: _____
6.4 CITY-ST-ZIP: _____

13. OFFICERS AND DIRECTORS CHANGES
1.1 TITLE: _____
1.2 NAME: _____
1.3 ADDRESS: _____
1.4 CITY-ST-ZIP: _____
2.1 TITLE: _____
2.2 NAME: _____
2.3 ADDRESS: _____
2.4 CITY-ST-ZIP: _____
3.1 TITLE: _____
3.2 NAME: _____
3.3 ADDRESS: _____
3.4 CITY-ST-ZIP: _____
4.1 TITLE: _____
4.2 NAME: _____
4.3 ADDRESS: _____
4.4 CITY-ST-ZIP: _____
5.1 TITLE: _____
5.2 NAME: _____
5.3 ADDRESS: _____
5.4 CITY-ST-ZIP: _____
6.1 TITLE: _____
6.2 NAME: _____
6.3 ADDRESS: _____
6.4 CITY-ST-ZIP: _____

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14. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as I made under oath. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 or on an attachment with an address.

SIGNATURE: Carol J. Sonder DATE: 4-25-97
Print/Type Name of Signing Officer or Director: Carol J. Sonder Title: Sec. Treas. Dir. Daytime Telephone Number: (952) 685-0530

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DO NOT DETACH THIS STUB
DO NOT WRITE OR MAKE ANY MARKS ON THIS STUB
1993 ANNUAL REPORT

763706 9
CALVARY LOVE, INC.

Date Due: 05/01/93
Amount Due: \$200.00
If After Due Date: \$225.00