


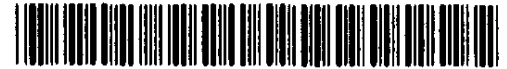
FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 763706 (9)

1. Corporation Name
CALVARY LOVE, INC.



Principal Place of Business 24352 NE 151 PL SALT SPRINGS FL 32134	Mailing Address 24352 NE 151 PL SALT SPRINGS FL 32134
---	---

3. Date Incorporated or Qualified
06/16/1982

4. FEI Number
59-2206738

Applied For	
Not Applicable	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	SOWDER, JIMMY	1.2 NAME	Sowder, Glenda
STREET ADDRESS	24352 NE 151 PL	1.3 STREET ADDRESS	3938 Villas Green Cir
CITY-ST-ZIP	SALT SPRINGS FL	1.4 CITY-ST-ZIP	Longwood, FL 32779
TITLE	D	2.1 TITLE	
NAME	ROOKS, MARVIN E	2.2 NAME	
STREET ADDRESS	2130 CHINOOK TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	STRICKLAND, ED	3.2 NAME	
STREET ADDRESS	BOX 32 SUNSET DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FROST PROOF FL	3.4 CITY-ST-ZIP	
TITLE	DST	4.1 TITLE	
NAME	SOWDER, CAROL	4.2 NAME	
STREET ADDRESS	24352 NE 151 PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	SALT SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol Sowder* *Ed Strickland* *5-1-98* *252-1850-530*

CFR2E037 (10/97)