

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763706

1. Entity Name

CALVARY LOVE, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90017 005 ****61.25

Principal Place of Business

Mailing Address

3938 VILLAS GREEN CR
 LONGWOOD FL 32779

3938 VILLAS GREEN CR
 LONGWOOD FL 32779-4666

2. Principal Place of Business

3. Mailing Address SJO # 3041

P.O. Box 025216

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

1601 NW 97th Ave, Unit C101

City & State

Miami, FL

Zip

Country

Zip
 33102

Country

USA

4. FEI Number

59-2206738

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROOKS, MARVIN E
 2130 CHINOOK TRL
 MAITLAND FL 32751

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.

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME SOWDER, JIMMY
 STREET ADDRESS 24352 NE 151 PL
 CITY-ST-ZIP SALT SPRINGS FL

TITLE PD Change Addition
 NAME SOWDER, JIMMY SJO 3041
 STREET ADDRESS P.O. Box 025216
 CITY-ST-ZIP Miami, FL 33102

TITLE D Delete
 NAME ROOKS, MARVIN E
 STREET ADDRESS 2130 CHINOOK TRAIL
 CITY-ST-ZIP MAITLAND FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME STRICKLAND, ED
 STREET ADDRESS BOX 32 SUNSET DR
 CITY-ST-ZIP FROST PROOF FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DST Delete
 NAME SOWDER, CAROL
 STREET ADDRESS 24352 NE 151 PL
 CITY-ST-ZIP SALT SPRINGS FL

TITLE DST Change Addition
 NAME SOWDER, CAROL- SJO 3041
 STREET ADDRESS P.O. Box 025216
 CITY-ST-ZIP Miami, FL 33102

TITLE D Delete
 NAME SOWDER, GLENDA
 STREET ADDRESS 3938 VILLA GREEN CIRCLE
 CITY-ST-ZIP LONGWOOD FL 32779

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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: Carole Soward Soward 4-14-00 506-293-4509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)