

DOCUMENT # 763706

1. Entity Name

CALVARY LOVE, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90121 016 ****61.25

Principal Place of Business

3938 VILLAS GREEN CR
LONGWOOD FL 32779

Mailing Address

Calvary Love, Inc. - SJO-3041
P.O. Box 025216
1601 NW 97th Ave Unit C101
MIAMI, FL 33102

2. Principal Place of Business

176 Long Point Rd.
Suite, Apt. #, etc.

3. Mailing Address

SJO-3041
Suite, Apt. #, etc.
P.O. Box 025216

City & State
CAPE CANAVERAL, FL

Zip
32920

Country
U.S.A.

City & State
Miami, FL

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

ROOKS, MARVIN E
2130 CHINOOK TRAIL
MAITLAND FL 32751

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SOWDER, JIMMY - SJO 3041	
STREET ADDRESS	P.O. Box 025216	
CITY-ST-ZIP	MIAMI, FL 33102	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROOKS, MARVIN E	
STREET ADDRESS	2130 CHINOOK TRAIL	
CITY-ST-ZIP	MAITLAND FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STRICKLAND, ED	
STREET ADDRESS	BOX 32 SUNSET DR	
CITY-ST-ZIP	FROST PROOF FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SOWDER, CAROL - SJO 3041	
STREET ADDRESS	P.O. Box 025216	
CITY-ST-ZIP	MIAMI, FL 33102	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOWDER, GLENDA	
STREET ADDRESS	3938 VILLA GREEN CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	-	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sowder, Glenda	
STREET ADDRESS	176 Long Point Rd.	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Carol Sowder

Carol Sowder

4-25-2001

011
506-293-4509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #