

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90060 017 ****61.25

DOCUMENT # 763706

1. Entity Name

CALVARY LOVE, INC.

Principal Place of Business

Mailing Address

**176 LONG POINT RD
 CAPE CANAVERAL FL 32920**

**SJO 3041
 P O BOX 025216
 MIAMI FL 33102**

2. Principal Place of Business

3. Mailing Address

P.O. Box 51-3100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Santo Domingo, Heredia

City & State

City & State

Costa Rica, Central America

Zip

Country

Zip

Country

4. FEI Number

59-2206738

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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: _____
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SOWDER, JIMMY	
STREET ADDRESS	PO BOX 025216 (SJO 3041)	
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	
STREET ADDRESS	PO BOX 025216 (SJO 3041)	
CITY-ST-ZIP	MIAMI FL 33102	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOWDER, GLENDA	
STREET ADDRESS	176 LONG POINT RD	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE		<input type="checkbox"/> Delete
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		<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		

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** 4-16-02 506-244-5449
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)