

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 19, 2004
Secretary of State**

DOCUMENT# 763706

Entity Name: CALVARY LOVE, INC.

Current Principal Place of Business:

176 LONG POINT RD
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 51-3100
MIAMI, FL 33102

New Mailing Address:

176 LONG POINT RD.
CAPE CANAVERAL, FL 32920 FL

FEI Number: 59-2206738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROOKS, MARVIN E
2130 CHINOOK TRL
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOWDER, JIMMY
Address: PO BOX 51-3100
City-St-Zip: COSTA RICA, CA

Title: D () Delete
Name: ROOKS, MARVIN E
Address: 2130 CHINOOK TRAIL
City-St-Zip: MAITLAND, FL

Title: DST () Delete
Name: SOWDER, CAROL
Address: PO BOX 51-3100
City-St-Zip: COSTA RICA, CA

Title: DST (X) Delete
Name: SOWDER, CAROL
Address: PO BOX 025216 (SJO 3041)
City-St-Zip: MIAMI, FL 33102

Title: D () Delete
Name: SOWDER, GLENDA
Address: 176 LONG POINT RD
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: SOWDER, CAROL J
Address: PO BOX 51-3100
City-St-Zip: COSTA RICA, CA

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Change (X) Addition
Name: EDWARD, STRICKLAND
Address: P.O. BOX 32
City-St-Zip: FROSTPROOF,, FL 32843

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL J. SOWDER

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04/19/2004

Electronic Signature of Signing Officer or Director

Date