

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763706

FILED  
Feb 21, 2009  
Secretary of State

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:**

176 LONG POINT RD.  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

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: 176 LONG POINT RD  
City-St-Zip: CAPE CANAVERAL, FL 32920

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

Title: DST ( ) Delete  
Name: SOWDER, CAROL J  
Address: 176 LONG POINT RD.  
City-St-Zip: CAPE CANAVERAL, FL 32920

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 SOWDER

DST

02/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date