

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741910 (4)

1. Corporation Name
CALVARY HOUSING, INC.



Principal Place of Business Mailing Address
1099 CLAY ST WINTER PARK FL 32789 1099 CLAY ST WINTER PARK FL 32789-5474

3. Date Incorporated or Qualified 03/08/1978 3a. Date of Last Report 08/08/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1867411 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired X \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SINGLETON, RALPH D
1099 CLAY STREET
WINTER PARK FL 32789

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINGLETON, RALPH D.	1.2 NAME	WOLF, HARRY
STREET ADDRESS	520 S. MAGNOLIA ST.	1.3 STREET ADDRESS	3619 ELISE ST.
CITY - ST - ZIP	ORLANDO FL 32801	1.4 CITY - ST - ZIP	ORLANDO, FL 32806
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WADE, THOMAS	2.2 NAME	GRAY, WILLIAM K.
STREET ADDRESS	3301 HORSESHOE DR	2.3 STREET ADDRESS	1199 CLAY ST.
CITY - ST - ZIP	LONGWOOD FL 32779	2.4 CITY - ST - ZIP	WINTER PARK, FL 32789
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JOHN	3.2 NAME	
STREET ADDRESS	5200 S. US HWY 17-92	3.3 STREET ADDRESS	
CITY - ST - ZIP	CASSELBERRY FL 32707	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, LYMAN	4.2 NAME	
STREET ADDRESS	2103 LINGLEY CR	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32835	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAHL, WAYNE	5.2 NAME	
STREET ADDRESS	1199 CLAY STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL 32789	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLINO, GENE	6.2 NAME	
STREET ADDRESS	106 BEACH AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32701	6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harry C. Wolf, Jr.* HARRY C. WOLF, JR. 1/15/97 (407) 645-1099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012434

CFR2E037 (9/96)