


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 741910 (4)
 1. Corporation Name
CALVARY HOUSING, INC.



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

3. Date incorporated or Qualified 03/08/1978	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. FEI Number 59-1867411	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**SINGLETON, RALPH D
 1099 CLAY STREET
 WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SINGLETON, RALPH D.	
STREET ADDRESS	520 S. MAGNOLIA ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	WF	<input type="checkbox"/> DELETE
NAME	WADE, THOMAS	
STREET ADDRESS	3301 HORSESHOE DR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JONES, JOHN	
STREET ADDRESS	5200 S. US HWY 17-92	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARDSON, LYMAN	
STREET ADDRESS	2103 LINGNGLEY CR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JORDAHL, WAYNE	
STREET ADDRESS	1199 CLAY STREET	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POLINO, GENE	
STREET ADDRESS	106 BEACH AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	G RAY WILLIAM K.	
1.3 STREET ADDRESS	CALVARY ASSEMBLY 1199 CLAY ST.	
1.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WADE, THOMAS	
2.3 STREET ADDRESS	3301 HORSESHOE DR.	
2.4 CITY-ST-ZIP	LONGWOOD, FL 32779	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RICHARDSON, LYMAN	
4.3 STREET ADDRESS	2103 LANGLEY CR.	
4.4 CITY-ST-ZIP	ORLANDO, FL 32835	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	POLINO, GENE	
6.3 STREET ADDRESS	106 BEACH AVE.	
6.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Gene Polino* **REQUIRED** 1/7/98 (407) 834-5448

CR2E037 (10/97)