

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90246 020 ****70.00

002481

DOCUMENT # 741910

1. Entity Name

CALVARY HOUSING, INC.

Principal Place of Business

Mailing Address

1099 CLAY ST
 WINTER PARK FL 32789

1099 CLAY ST
 WINTER PARK FL 32789

C0009380



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1867411

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SINGLETON, RALPH D
1099 CLAY STREET
WINTER PARK FL 32789

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	P	<input type="checkbox"/> Delete
NAME	SINGLETON, RALPH D.	
STREET ADDRESS	1099 CLAY ST	
CITY-ST-ZIP	WINTER PK FL 32789	
TITLE	D	<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	V	<input type="checkbox"/> Delete
NAME	RICHARDSON, LYMAN	
STREET ADDRESS	2103 LANGLEY CR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, WILLIAM K	
STREET ADDRESS	1199 CLAY STREET	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	T	<input type="checkbox"/> Delete
NAME	POLINO, GENE	
STREET ADDRESS	106 BEACH AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMAN, JACK	
STREET ADDRESS	306 Wild Olive Lane	
CITY-ST-ZIP	Longwood, FL 32779	
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 information.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jackie S. Crank, Administrator

January 08, 2001

Date (407) 645-1099

CR2E037 (10/00)