

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90196 050 ****70.00

0011618

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1867411**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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 NAME STREET ADDRESS CITY-ST-ZIP	P SINGLETON, RALPH D. 1099 CLAY ST WINTER PK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, THOMAS 3301 HORSESHOE DR LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, JOHN 5200 S. US HWY 17-92 CASSELBERRY FL 32707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICHARDSON, LYMAN 2103 LANGLEY CR ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, WILLIAM K 1199 CLAY STREET WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POLINO, GENE 106 BEACH AVENUE ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Norman, Jack 306 WILD OLIVE LANE LONGWOOD, FL 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Norman
 Jack Norman, Administrator

January 14, 2002 407-645-1099
 Date Daytime Phone #

CFR2037 (9/01)



Attachment
Doc # 741910/802951
Calvary Towers

1099 Clay St.
Winter Park, FL 32789-5474

Phone & TDD (407) 645-1099
Fax (407) 645-1415
Jackie S. Crank, Administrator

January 8, 2001

Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

SUBJECT: CALVARY HOUSING, INC. DOCUMENT # 741910

Enclosed please find check #3445 in the amount of \$70.00. Fee of \$61.26 plus \$8.75 for the Certificate of Status.

Thank you.

A handwritten signature in cursive script, appearing to read "Jackie S. Crank". The signature is written in black ink and is positioned above the printed name.

Jackie S. Crank, Administrator
CALVARY HOUSING, INC.