


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 741910</b> 1. Entity Name CALVARY HOUSING, INC.	
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Principal Place of Business 1099 CLAY ST WINTER PARK FL 32789	Mailing Address 1099 CLAY ST WINTER PARK FL 32789
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1st MOORE      CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-1867411	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country

<b>6. Name and Address of Current Registered Agent</b>  SINGLETON, RALPH D 1099 CLAY STREET WINTER PARK FL 32789	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P SINGLETON, RALPH D.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1099 CLAY ST	NAME	
STREET ADDRESS	WINTER PK FL 32789	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	
CITY - ST - ZIP	D	CITY - ST - ZIP	400000191107 01/24/05-80160-022 70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	NORMAN, JACK	CITY - ST - ZIP	
CITY - ST - ZIP	306 WIL OLIVE LANE	CITY - ST - ZIP	
CITY - ST - ZIP	LONGWOOD FL 32779	CITY - ST - ZIP	
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	
CITY - ST - ZIP	S	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	JONES, JOHN	CITY - ST - ZIP	
CITY - ST - ZIP	5200 S. US HWY 17-92	CITY - ST - ZIP	
CITY - ST - ZIP	CASSELBERRY FL 32707	CITY - ST - ZIP	
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	
CITY - ST - ZIP	V	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	RICHARDSON, LYMAN	CITY - ST - ZIP	
CITY - ST - ZIP	305 MERIN CT	CITY - ST - ZIP	
CITY - ST - ZIP	WINTER GARDEN FL 34787	CITY - ST - ZIP	
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	
CITY - ST - ZIP	D	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	WADE, THOMAS	CITY - ST - ZIP	
CITY - ST - ZIP	3301 HORSEHOE DR	CITY - ST - ZIP	
CITY - ST - ZIP	LONGWOOD FL 32779	CITY - ST - ZIP	
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	
CITY - ST - ZIP	TD	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	POLINO, GENE	CITY - ST - ZIP	
CITY - ST - ZIP	215 SOVEREIGN CT	CITY - ST - ZIP	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32701	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 empowered.

SIGNATURE: *Adrian S. Crank*      Date: 1/19/05      Daytime Phone #: 407-645-1099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR