

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2006 8:00 am
Secretary of State

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1. Entity Name

CALVARY HOUSING, INC.

Principal Place of Business

1099 CLAY ST
 WINTER PARK FL 32789

Mailing Address

1099 CLAY ST
 WINTER PARK FL 32789



1st MOORE CR2E037 (10/05)

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

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P Delete
 NAME SINGLETON, RALPH D.
 STREET ADDRESS 1099 CLAY ST
 CITY-ST-ZIP WINTER PK FL 32789

TITLE D Delete
 NAME NORMAN, JACK
 STREET ADDRESS 306 WIL OLIVE LANE
 CITY-ST-ZIP LONGWOOD FL 32779

TITLE S Delete
 NAME JONES, JOHN
 STREET ADDRESS 5200 S. US HWY 17-92
 CITY-ST-ZIP CASSELBERRY FL 32707

TITLE V Delete
 NAME RICHARDSON, LYMAN
 STREET ADDRESS 305 MERIN CT
 CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE D Delete
 NAME WADE, THOMAS
 STREET ADDRESS 3301 HORSEHOE DR
 CITY-ST-ZIP LONGWOOD FL 32779

TITLE TD Delete
 NAME POLINO, GENE
 STREET ADDRESS 215 SOVEREIGN CT
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D Change Addition
 NAME William Gray
 STREET ADDRESS 1099 Clay Street
 CITY-ST-ZIP Winter Pk FL 32789

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____

Ralph Singleton

1-25-06