

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90204 003 ****61.25

DOCUMENT # 741910

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**

40083224



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132007 Chg-NP CR2E037 (12/06)

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. 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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 **GRAY, WILLIAM**
STREET ADDRESS **1267 SYDNEY COURT**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph Singleton

Date

407-645-1099

3/19/07

Daytime Phone #