


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 #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03132007 Chg-NP CR2E037 (12/06)

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**

8. Name and Address of Current Registered Agent
**SINGLETON, RALPH D
 1099 CLAY STREET
 WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent
 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	<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	NORMAN, JACK	
STREET ADDRESS	306 WIL OLIVE LANE	
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	305 MERIN CT	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	D	<input type="checkbox"/> Delete
NAME	WADE, THOMAS	
STREET ADDRESS	3301 HORSEHOE DR	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	TD	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, WILLIAM	
STREET ADDRESS	1267 SYDNEY COURT	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Ralph Singleton **3-19-07** **Ralph Singleton** **407-645-1099**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #