

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741910

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: CALVARY HOUSING, INC.

## Current Principal Place of Business:

1099 CLAY ST  
WINTER PARK, FL 32789

## New Principal Place of Business:

## Current Mailing Address:

1099 CLAY ST  
WINTER PARK, FL 32789

## New Mailing Address:

FEI Number: 59-1867411

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SINGLETON, RALPH D  
1099 CLAY STREET  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SINGLETON, RALPH D.  
Address: 1099 CLAY ST  
City-St-Zip: WINTER PK, FL 32789

Title: D ( ) Delete  
Name: NORMAN, JACK  
Address: 306 WIL OLIVE LANE  
City-St-Zip: LONGWOOD, FL 32779

Title: S ( ) Delete  
Name: JONES, JOHN  
Address: 5200 S. US HWY 17-92  
City-St-Zip: CASSELBERRY, FL 32707

Title: V ( ) Delete  
Name: RICHARDSON, LYMAN  
Address: 305 MERIN CT  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: WADE, THOMAS  
Address: 3881 DIXIE HIGHWAY NE  
City-St-Zip: PALM BAY, FL 32905

Title: TD ( ) Delete  
Name: POLINO, GENE  
Address: 215 SOVEREIGN CT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SINGLETON, RALPH  
Address: 1099 CLAY ST  
City-St-Zip: WINTER PK, FL 32789

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: RICHARDSON, LYMAN  
Address: 305 MERIN CT  
City-St-Zip: WINTER GARDEN, FL 34787

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: POLINO, EUGENE  
Address: 215 SOVEREIGN CT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH SINGLETON

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date