

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