


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90127 039 ****70.00

DOCUMENT # 741910

1. Entity Name
CALVARY HOUSING, INC.



Principal Place of Business Mailing Address

**1099 CLAY ST
WINTER PARK FL 32789** **1099 CLAY ST
WINTER PARK FL 32789**

60001932



CHECK HERE IF MAKING CHANGES

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

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SINGLETON, RALPH D.	1099 CLAY ST WINTER PK FL 32789		<input type="checkbox"/>
D	HARTHERN, ROY	1191 WILLA VISTA TR. MATLAND FL 32751		<input checked="" type="checkbox"/>
S	JONES, JOHN	5200 S. US HWY 17-92 CASSELBERRY FL 32707		<input type="checkbox"/>
V	RICHARDSON, LYMAN	2103 LANGLEY CR ORLANDO FL 32835		<input type="checkbox"/>
D	JOHNSON, BOB	107 HILL TOP ROAD ALTAMONTE SPRINGS FL 32701		<input checked="" type="checkbox"/>
TD	POLINO, GENE	106 BEACH AVENUE ALTAMONTE SPRINGS FL 32701		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

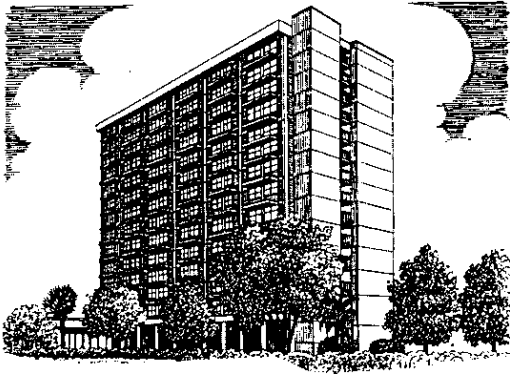
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	NORMAN, JACK	306 WILD OLIVE LANE LONGWOOD, FL 32779		<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	RICHARDSON, LYMAN	305 MERIN CT. WINTER GARDEN, FL 34787		<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	WADE, THOMAS	3301 HORSESHOE DR. LONGWOOD, FL 32779		<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	POLINO, GENE	215 SOVEREIGN CT. ALTAMONTE SPRINGS, FL 32701		<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 OF REGISTERED AGENT *Jan. 6, 2003* (407)645-1099

CR2E037 (10/02)

ATTACHMENT



Calvary Towers

1099 Clay St.
Winter Park, FL 32789-5474

DOC # 741910

Phone & TDD (407) 645-1099
Fax (407) 645-1415
Jackie S. Crank, Administrator

OFFICERS, CONT.

D

GRAY, BILL

1199 CLAY STREET

WINTER PARK, FL 32789