## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 758756** 

Entity Name: CALVARY INTERNATIONAL, INC.

US

Apr 27, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3771 SPRING PARK RD JACKSONVILLE, FL 32207

**Current Mailing Address: New Mailing Address:** 

PO BOX 10305

JACKSONVILLE, FL 322470305 US

FEI Number: 59-2142637 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMSON, JERRY 3771 SPRING PK RD JACKSONVILLE, FL 32207 US

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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete MCCRANIE, MICHAEL S MCCRANIE, MICHAEL S Name: Name: 914 ATLANTIC AVE, STE 1A Address: 914 ATLANTIC AVE, STE 1A Address: City-St-Zip: AMELIA ISLAND, FL 32034 City-St-Zip: AMELIA ISLAND, FL 32034

Title: PD () Delete Title: () Change () Addition

WILLIAMSON, JERRY Name: Name: Address: 203 SOUTH ROSCOE BLVD. Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip:

Title: VCD () Delete Title: (X) Change ( ) Addition

COX, ROBERT L II Name: CARTER, GRADY DR. Name: Address: 4002 MAIN ST. Address: 4211 PEARL STREET City-St-Zip: GRANDVIEW, MO 64030 City-St-Zip: JACKSONVILLE, FL 32202

Title: CD ( ) Delete Title: () Change () Addition

Name: MERCER, MR. DEREK Name: Address: 213 N. 6TH AVE. Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition

D'AMICO, ANGELA M Name: Name: ADE, TED MR.

12736 BAY PLANTATION DRIVE 316 SWEETBRIAR BRANCH LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the 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: JERRY WILLIAMSON PD 04/27/2006