

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758756

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: CALVARY INTERNATIONAL, INC.

**Current Principal Place of Business:**

3771 SPRING PARK RD.  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10305  
JACKSONVILLE, FL 322470305 US

**New Mailing Address:**

FEI Number: 59-2142637

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMSON, JERRY  
3771 SPRING PK RD  
JACKSONVILLE, FL 32207 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: PD ( ) Delete  
Name: WILLIAMSON, JERRY  
Address: 203 SOUTH ROSCOE BLVD.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD ( ) Delete  
Name: CARTER, GRADY DR.  
Address: 4211 PEARL STREET  
City-St-Zip: JACKSONVILLE, FL 32202

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

Title: TD ( ) Delete  
Name: ADE, TED MR.  
Address: 316 SWEETBRIAR BRANCH LANE  
City-St-Zip: JACKSONVILLE, FL 32259

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: CD (X) Change ( ) Addition  
Name: CARTER, GRADY DR.  
Address: 4211 PEARL STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: VCD (X) Change ( ) Addition  
Name: JONES, GENE  
Address: 1043 DUNN AVE ST 1  
City-St-Zip: JACKSONVILLE, FL 32218

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

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: CHERYL L BESSINGER

VP

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date