## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#763706** 

FILED Feb 27, 2008 Secretary of State

Entity Name: CALVARY LOVE, INC. **Current Principal Place of Business: New Principal Place of Business:** 176 LONG POINT RD CAPE CANAVERAL, FL 32920 **Current Mailing Address: New Mailing Address:** 176 LONG POINT RD. CAPE CANAVERAL, FL 32920 FEI Number: 59-2206738 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: ROOKS, MARVIN E 2130 CHINOOK TRL MAITLAND, FL 32751 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SOWDER, JIMMY Name: Name: 176 LONG POINT RD Address: Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ROOKS, MARVIN E Name: Address: 2130 CHINOOK TRAIL Address: City-St-Zip: MAITLAND, FL City-St-Zip: Title: DST () Delete Title: () Change () Addition SOWDER, CAROL J Name: Name: Address: 176 LONG POINT RD. Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: SOWDER, GLENDA Name: 176 LONG POINT RD Address: Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: Title: () Delete Title: () Change () Addition EDWARD, STRICKLAND Name: Name: Address: P.O. BOX 32 Address: FROSTPROOF,, FL 32843 City-St-Zip: 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: CAROL J. SOWDER SEC 02/27/2008