

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

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90095 028 ****61.25

DOCUMENT # 763706 1. Entity Name CALVARY LOVE, INC.							
Principal Place of Business 176 LONG POINT RD CAPE CANAVERAL, FL 32920				Mailing Address P.O. Box 51-3100 MIAMI, FL 33102			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address P.O. Box 51-3100			
City & State Santo Domingo, Heredia				4. FEI Number 59-2206738			
City & State Costa Rica, Central Am				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROOKS, MARVIN E 2130 CHINOOK TRL MAITLAND, FL 32761				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 _____ (NOTE: Registered Agent signature required when registering) DATE _____							
FILE NOW! FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOWDER, JIMMY PO BOX 025216 (SJO 3041) MIAMI, FL 33102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOWDER, JIMMY P.O. Box 51-3100	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROOKS, MARVIN E 2130 CHINOOK TRAIL MAITLAND, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Santo Domingo, Heredia Costa Rica, Central Ameri	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRICKLAND, ED BOX 32 SUNSET DR FROST PROOF, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SOWDER, CAROL P.O. BOX 51-3100 SANTO DOMINGO, HEREDIA COSTA RICA, CENTRAL AMERICA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SOWDER, CAROL PO BOX 025216 (SJO 3041) MIAMI, FL 33102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOWDER, GLENDA 176 LONG POINT RD CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <u>Carol Sowder - Carol Sowder</u> 4-4-03 506-244-5449							

CR2E037 (10/02)