


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90002 022 ****61.25

DOCUMENT # N36813 1. Entity Name ECHOES FROM CALVARY, INC.	
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Principal Place of Business % SHIRLEY ATKINSON 5124 S. RIDGEWOOD AVENUE PORT ORANGE FL 32127	Mailing Address % SHIRLEY ATKINSON 5124 S. RIDGEWOOD AVENUE PORT ORANGE FL 32127
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54069999




MOORE CR2E037 (4/04)

2. Principal Place of Business 3644 DAME ST. Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
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City & State PORT ORANGE, FL	City & State 1	4. FEI Number 59-2995091	Applied For Not Applicable
Zip 32129	Country YOLUSIA	Zip 32129	Country YOLUSIA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ATKINSON, SHIRLEY 5124 S. RIDGEWOOD AVENUE PORT ORANGE FL 32127	7. Name and Address of New Registered Agent Name SHIRLEY ATKINSON Street Address (P.O. Box Number is Not Acceptable) 3644 DAME ST. City PORT ORANGE, FL Zip Code 32129
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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 8-19-04 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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FILE NOW: FEE IS \$61.25 Due By September 8, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ATKINSON, SHIRLEY 3644 DAME ST. PORT ORANGE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ATKINSON, HAYWARD O. 3644 DAME ST. PORT ORANGE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHANNELL, JULIA 643 OLIVE ST. SOUTH DAYTONA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YAD ADAMS, KEITHE 5557 W. BAYSHORE DR. PORT ORANGE FL 32127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROOKHART, BARBARA 5421 S. PENINSULA DR. DAYTONA BEACH FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 8-19-04 DAYTIME PHONE # 386-767-5671 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
