

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39578

FILED
May 04, 2005
Secretary of State

Entity Name: CALVARY INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

17290 REWIS ROAD
ALVA, FL 339205522 US

New Principal Place of Business:

Current Mailing Address:

17290 REWIS ROAD
ALVA, FL 339205522 US

New Mailing Address:

FEI Number: 65-0235466 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WOOD, RANDOLPH
17290 REWIS ROAD
ALVA, FL 339205522 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:

Title: D () Delete
Name: HOLLENBACK, LANA F
Address: 14338 CRISTOBAL ST SE
City-St-Zip: FT MYERS, FL 33905

Title: PD () Delete
Name: WOOD, RANDOLPH
Address: 17290 REWIS RD
City-St-Zip: ALVA, FL 339205522

Title: TD () Delete
Name: SMITH, LYLE
Address: 6239 BRIARWOOD TERRACE
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: JOHNSON, TANYA
Address: 3506 EDISON AVE
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RANDOLPH A. WOOD

PRES

05/04/2005

Electronic Signature of Signing Officer or Director

Date