## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N39578

FILED Feb 04, 2007 Secretary of State

Entity Name: CALVARY INTERNATIONAL MINISTRIES, INC.

| ourrent f  | Principal Place  | oi busilless.  | New Principal Plac   | e or Busiliess.  |  |
|--|--|--|--|--|--|
|  | WIS ROAD<br>339205522 US   | 3  |  |  |  |
| Current Mailing Address:   |  |  | New Mailing Addre  | New Mailing Address:   |  |
|  | WIS ROAD<br>339205522 US   | 3  |  |  |  |
| FEI Numbe  | r: 65-0235466  | FEI Number Applied For ( )   | FEI Number Not Applicable ( )  | Certificate of Status Desired (X)  |  |
| Name an  | d Address of C   | urrent Registered Agent:   | Name and Address   | of New Registered Agent:   |  |
| 17290 ŔE<br>ALVA, FL   | RANDOLPH A R<br>WIS ROAD<br>339205522 US   | 3  |  |  |  |
|  | e named entity s<br>te of Florida.   | submits this statement for the p   | ourpose of changing its register   | ed office or registered agent, or both,  |  |
| SIGNATL  | IRE:   |  |  |  |  |
|  |  | . 0  |  |  |  |
|  | Electron   | ic Signature of Registered Age   | ent  | Date   |  |
| OFFICER  | Electron<br>'S AND DIREC   |  |  | Date<br>GES TO OFFICERS AND DIRECTORS  |  |
| Title:<br>Name:<br>Address:  | D () HOLLENBACK, 14338 CRISTO  | TORS:  Delete  LANA F  BAL ST SE   |  |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:<br>Title:<br>Name:<br>Address:                                       | D () HOLLENBACK, 14338 CRISTOI FT MYERS, FL PD () WOOD, RANDO  | Delete LANA F BAL ST SE 33905  Delete DLPH RD  | ADDITIONS/CHANG<br>Title:<br>Name:<br>Address:   | SES TO OFFICERS AND DIRECTOR   |  |
| OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: | D () HOLLENBACK, 14338 CRISTOR FT MYERS, FL  PD () WOOD, RANDO 17290 REWIS F ALVA, FL 3392  TD () SMITH, LYLE 6239 BRIARWO           | Delete LANA F BAL ST SE 33905  Delete DLPH RD 05522  Delete                                  | ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:   | GES TO OFFICERS AND DIRECTOR:  ( ) Change ( ) Addition                         |  |
| Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address: Address:    | D () HOLLENBACK, 14338 CRISTOR FT MYERS, FL PD () WOOD, RANDO 17290 REWIS F ALVA, FL 3392 TD () SMITH, LYLE 6239 BRIARWO FORT MYERS, | Delete LANA F BAL ST SE 33905  Delete DLPH RD 05522  Delete DOD TERRACE FL 33912  Delete IYA | ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: | GES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition  ( ) Change ( ) Addition |  |

I hereby certify that the information supplied with this filing does not qualify for the 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: LANA HOLLENBACK D 02/04/2007