FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768085 (3)

1. Corporation Name

SPANISH IGLESIA BAUTISTA EL CALVARIO, INC.

Principal Place of Business	Mailing Address
1310 RED FOX RUN DELTONA FL 32725 US	1310 RED FORX RUN DELTONA FL 32725 US

3. Date Incorporated or Qualified: **04/21/1983**
3a. Date of Last Report: **02/09/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-2287665** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

BELLO, TIM
2281 WEATHERFORD DRIVE
DELTONA FL 32738

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligat[illegible] Section 617.0503, Florida Statutes.

SIGNATURE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BELLO, TIM		1.2 NAME		
STREET ADDRESS	2281 WEATHERFORD DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BETANCOURT, OSVALDO		2.2 NAME		
STREET ADDRESS	1137 BATON DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	VEGA, EVA		3.2 NAME	DAISY LOPEZ	
STREET ADDRESS	2463 BECH CIRCLE		3.3 STREET ADDRESS	3301 BUCKLAND ST.	
CITY-ST-ZIP	DELTONA FL		3.4 CITY-ST-ZIP	DELTONA, FLORIDA 32738	
TITLE	T	☐ DELETE	4.1 TITLE	SUBTREASURER	☒ Change ☐ Addition
NAME	VEGA, MIGUEL A.		4.2 NAME		
STREET ADDRESS	2463 BECK CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE TREAS.	TREASURER	☒ Change ☐ Addition
NAME	MARTINEZ, MAXINE		5.2 NAME	JOSEFINA SANCHEZ	
STREET ADDRESS	1285 FILDSTONE AVENUE		5.3 STREET ADDRESS	2337 GREENBRIER ST.	
CITY-ST-ZIP	DELTONA FL		5.4 CITY-ST-ZIP	DELTONA. FLORIDA 32738	
TITLE	D	☒ DELETE	6.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	CALZODA, RAYMOND		6.2 NAME	WILLIAM BENITEZ	
STREET ADDRESS	2202 ILLINOIS AVENUE		6.3 STREET ADDRESS	2594 BEAL ST.	
CITY-ST-ZIP	DELTONA FL		6.4 CITY-ST-ZIP	DELTONA, FLA 32738	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tim Bello 2/3/96 407-574-8768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #