


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90027 037 ****70.00

DOCUMENT # N02000000831					
1. Entity Name MINISTERIO EL CALVARIO, INC.					
Principal Place of Business P. O. BOX 380477 MURDOCK, FL 33938-0477			Mailing Address P. O. BOX 380477 MURDOCK, FL 33938-0477		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FUENTES, AIDA 19622 MIDWAY BLVD. PORT CHARLOTTE, FL 33948				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUENTES, AIDA			NAME	
STREET ADDRESS	19622 MIDWAY BLVD.			STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUENTES, RAMON A			NAME	
STREET ADDRESS	19622 MIDWAY BLVD.			STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORIBIO, ANGELA			NAME	
STREET ADDRESS	913 SW 56TH ST.			STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33990			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELLENDEZ, ANGEL			NAME	
STREET ADDRESS	3804 3RD ST W			STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES, FL 33971			CITY-ST-ZIP	
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIVERA, IRS J			NAME	Administrators Assistant
STREET ADDRESS	2201 BRICHREST BLVD.			STREET ADDRESS	TORRES, NAOMI
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			CITY-ST-ZIP	210 FOREST AVE.
TITLE	D	<input type="checkbox"/> Delete		TITLE	PORT CHARLOTTE, FL 33952
NAME	SALAZAR, RUBIEL			NAME	
STREET ADDRESS	1033 VAN LOON LN.			STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33909			CITY-ST-ZIP	
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>Aida Fuentes</u>				Date: <u>1/25/04</u> (941) <u>629-1488</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	



01082004 Chg-NP CR2E037 (10/03)

4. FEI Number 02-0556128 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL Zip Code

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

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TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	PORT CHARLOTTE, FL	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	CITY-ST-ZIP	210 FOREST AVE.
TITLE	D	TITLE	PORT CHARLOTTE, FL 33952
NAME	SALAZAR, RUBIEL	NAME	
STREET ADDRESS	1033 VAN LOON LN.	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33909	CITY-ST-ZIP	

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SIGNATURE: Aida Fuentes Date: 1/25/04 (941) 629-1488