

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000831

FILED
Jan 16, 2005
Secretary of State

Entity Name: MINISTERIO EL CALVARIO, INC.

Current Principal Place of Business:

P. O. BOX 380477
MURDOCK, FL 339380477

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 380477
MURDOCK, FL 339380477

New Mailing Address:

FEI Number: 02-0556128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FUENTES, AIDA
19622 MIDWAY BLVD.
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: FUENTES, AIDA
Address: 19622 MIDWAY BLVD.
City-St-Zip: PORT CHARLOTTE, FL

Title: VD () Delete
Name: FUENTES, RAMON A
Address: 19622 MIDWAY BLVD.
City-St-Zip: PORT CHARLOTTE, FL

Title: D () Delete
Name: TORIBIO, ANGELA
Address: 913 SW 56TH ST.
City-St-Zip: CAPE CORAL, FL 33990

Title: AA () Delete
Name: TORRES, NAOMI
Address: 210 FOREST AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: SALAZAR, RUBIEL
Address: 1033 VAN LOON LN.
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: RODRIGUEZ, MARCELINA
Address: 203 SE 31ST TERRACE
City-St-Zip: CAPE CORAL, FL 33904

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: AIDA FUENTES

PRES

01/16/2005

Electronic Signature of Signing Officer or Director

_____ Date