2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90460 013 ****70.00

DOCUMENT # N02000000831

1. Entity Name
MINISTERIO EL CALVARIO, INC.

Principal Place of Business	Mailing Address
P. O. BOX 380477 MURDOCK FL 33938-0477	P. O. BOX 380477 MURDOCK FL 33938-0477

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 02-0556128 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PACHECO, MARCELINA 1409 SE 20TH PL. CAPE CORAL FL 33990	Name Aida FUENTES Street Address (P.O. Box Number is Not Acceptable) 19622 Midway Blvd. City PORT CHARLOTTE FL Zip Code 33948

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 Aida Fuentes - President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FUENTES, AIDA 19622 MIDWAY BLVD. PORT CHARLOTTE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FUENTES, RAMON A 19622 MIDWAY BLVD. PORT CHARLOTTE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TORIBIO, ANGELA 913 SW 56TH ST. CAPE CORAL FL 33990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lisbeth Jegerlehner 5032 Koli DR. N. Port 34287 (Secretary)	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PACHECO, ARMANDO 1409 SE 20TH PL. CAPE CORAL FL 33990	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MELENDEZ, Angel 3804 3rd St. W. Lehigh Acres, Fl. 33971 TITLE (DIRECTOR)	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PACHECO, MARCELINA 1409 SE 20TH PL. CAPE CORAL FL 33990-0477	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER Iris J. Rivera 2201 Birchcrest Blvd. Port Charlotte, Fl. 33952	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUENTAS, AUSBERTO 6163 MAUBERRY AVE. NORTH PORT FL 34287	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR Rubiel Salazar 1033 Van Loon Ln. Cape Coral Fl. 33909	☐ Change ☑ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED (941) 629-7147