

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009652

Entity Name: IGLESIA BAUTISTA EL CALVARIO FUNDAMENTAL E
INDEPENDIENTE INC.**Current Principal Place of Business:**1871 COUNTY ROAD 220
FLEMING ISLAND, FL 32003**Current Mailing Address:**1871 COUNTY ROAD 220
FLEMING ISLAND, FL 32003 US**FEI Number: 37-1530077****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOPEZ, JUAN PASTOR
1871 COUNTY ROAD 220
FLEMING ISLAND, FL 32003 US*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:** JUAN LOPEZ**03/04/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	LOPEZ, JUAN PASTOR
Address	1871 COUNTY ROAD 220
City-State-Zip:	FLEMING ISLAND FL 32003

Title	T
Name	RIVERA, DERIK TRUSTEE
Address	1871 COUNTY ROAD 220
City-State-Zip:	FLEMING ISLAND FL 32003

Title	T
Name	ARROYO, SANDY TRUSTEE
Address	1871 COUNTY ROAD 220
City-State-Zip:	FLEMING ISLAND FL 32003

Title	T
Name	COLON, JOSE B TRUSTEE
Address	4315 POWDEN HORN CT.
City-State-Zip:	MIDDLEBURG FL 32068

Title	TRUSTEE
Name	TORRES, HECTOR
Address	1871 COUNTY ROAD 220
City-State-Zip:	FLEMING ISLAND FL 32003

Title	SECRETARY
Name	DE LA CRUZ , MICHELLE
Address	1871 COUNTY ROAD 220
City-State-Zip:	FLEMING ISLAND FL 32003

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE DE LA CRUZ**SECRETARY****03/04/2018**

Electronic Signature of Signing Officer/Director Detail

Date