

FILED

Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

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

3. Date Incorporated or Qualified <b>04/21/1983</b>	
4. FEI Number <b>59-2287665</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes <input checked="" type="checkbox"/> has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
BELLO, TIM 2281 WEATHERFORD DRIVE DELTONA FL 32738	81 Name
	82 Street Address
	83
	84 City

10. Name and Address of New Registered Agent		
ss (P.O. Box Number is Not Acceptable)		
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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

12.		OFFICERS AND DIRECTORS
TITLE	P	<input type="checkbox"/> DELETE
NAME	BELLO, TIM	
STREET ADDRESS	2281 WEATHERFORD DRIVE	
CITY-ST-ZIP	DELTONA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BETANCOURT, OSVALDO	
STREET ADDRESS	1137 BATON DRIVE	
CITY-ST-ZIP	DELTONA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, DAISY	
STREET ADDRESS	3301 BUCKLAND STREET	
CITY-ST-ZIP	DELTONA FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	VEGA, MIGUEL A.	
STREET ADDRESS	2463 BECK CIRCLE	
CITY-ST-ZIP	DELTONA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SANCHEZ, JOSEFINA	
STREET ADDRESS	2337 GREENBRIER STREET	
CITY-ST-ZIP	DELTONA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENITEZ, WILLIAM	
STREET ADDRESS	2594 BEAL STREET	
CITY-ST-ZIP	DELTONA FL	

13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	GUZMAN, MARISOL		
3.3 STREET ADDRESS	3221 AMBLEWOOD CT.		
3.4 CITY-ST-ZIP	DELTONA, FL. 32725		
4.1 TITLE	SUB. TREASURER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	EFRAIN SANABRIA, EFRAIN		
4.3 STREET ADDRESS	819 LAUREL LEAF ST.		
4.4 CITY-ST-ZIP	ORANGE CITY, FL. 32763		
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	DEACON	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME	VICENTY, SALVADOR		
6.3 STREET ADDRESS	1785 GILES ST.		
6.4 CITY-ST-ZIP	DELTONA FL. 32725		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), 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:**

# SIGNATURE REQUIRED

1/21/98

407-574-8765

CH2E037 (10/97)