


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90097 034 \*\*\*\*61.25

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|---|--|---|--|---|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>                           |  |  |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # 768085</b>  |  |   |  |   |  |
| 1. Corporation Name<br><b>SPANISH IGLESIA BAUTISTA EL CALVARIO, INC.</b>  |  |   |  |   |  |
| Principal Place of Business<br>1310 RED FOX RUN<br>DELTONA FL 32725<br>US |  |   | Mailing Address<br>1310 RED FORX RUN<br>DELTONA FL 32725<br>US |   |  |



|                                |  |                     |  |   |  |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified                         |  |
| 21                             |  | 26                  |  | 04/21/1983  |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number   |  |
| 22                             |  | 27                  |  | 59-2287665  |  |
| City & State                   |  | City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/> |  |
| 23                             |  | 28                  |  | <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| Zip                            |  | Zip                 |  | 6. Election Campaign Financing                            |  |
| Country                        |  | Country             |  | <input type="checkbox"/> \$5.00 May Be Added to Fees      |  |
| 24                             |  | 25                  |  | 29  |  |
| 25                             |  | 29                  |  | 30  |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent          |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| BELLO, TIM<br>2281 WEATHERFORD DRIVE<br>DELTONA FL 32738 |  |  |  | 81 Name   |  |  |  |
|  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|  |  |  |  | 83  |  |  |  |
|  |  |  |  | 84 City   |  |  |  |
|  |  |  |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                        |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                 |  |  |
|----------------------------|------------------------|---------------------------------|--|---|---------------------------------|--|--|
| TITLE                      | P                      | <input type="checkbox"/> DELETE |  | 1.1 TITLE   | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |  |
| NAME                       | BELLO, TIM             |                                 |  | 1.2 NAME  |                                 |  |  |
| STREET ADDRESS             | 2281 WEATHERFORD DRIVE |                                 |  | 1.3 STREET ADDRESS                                    |                                 |  |  |
| CITY-ST-ZIP                | DELTONA FL             |                                 |  | 1.4 CITY-ST-ZIP                                       | 32738                           |  |  |
| TITLE                      | VPD                    | <input type="checkbox"/> DELETE |  | 2.1 TITLE   | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |  |
| NAME                       | BETANCOURT, OSVALDO    |                                 |  | 2.2 NAME  |                                 |  |  |
| STREET ADDRESS             | 1137 BATON DRIVE       |                                 |  | 2.3 STREET ADDRESS                                    | 32725                           |  |  |
| CITY-ST-ZIP                | DELTONA FL             |                                 |  | 2.4 CITY-ST-ZIP                                       |                                 |  |  |
| TITLE                      | S                      | <input type="checkbox"/> DELETE |  | 3.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |  |
| NAME                       | GUZMAN, MARISOL        |                                 |  | 3.2 NAME  |                                 |  |  |
| STREET ADDRESS             | 3221 AMBLEWOOD CT      |                                 |  | 3.3 STREET ADDRESS                                    |                                 |  |  |
| CITY-ST-ZIP                | DELTONA FL 32725       |                                 |  | 3.4 CITY-ST-ZIP                                       |                                 |  |  |
| TITLE                      | ST                     | <input type="checkbox"/> DELETE |  | 4.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |  |
| NAME                       | SANABRIA, EFRAIN       |                                 |  | 4.2 NAME  |                                 |  |  |
| STREET ADDRESS             | 819 LAUREL LEAF ST     |                                 |  | 4.3 STREET ADDRESS                                    |                                 |  |  |
| CITY-ST-ZIP                | ORANGE CITY FL 32763   |                                 |  | 4.4 CITY-ST-ZIP                                       |                                 |  |  |
| TITLE                      | T                      | <input type="checkbox"/> DELETE |  | 5.1 TITLE   | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |  |
| NAME                       | SANCHEZ, JOSEFINA      |                                 |  | 5.2 NAME  |                                 |  |  |
| STREET ADDRESS             | 2337 GREENBRIER STREET |                                 |  | 5.3 STREET ADDRESS                                    |                                 |  |  |
| CITY-ST-ZIP                | DELTONA FL             |                                 |  | 5.4 CITY-ST-ZIP                                       | 32738                           |  |  |
| TITLE                      | D                      | <input type="checkbox"/> DELETE |  | 6.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |  |
| NAME                       | VICENTY, SALVADOR      |                                 |  | 6.2 NAME  |                                 |  |  |
| STREET ADDRESS             | 1785 GILES ST          |                                 |  | 6.3 STREET ADDRESS                                    |                                 |  |  |
| CITY-ST-ZIP                | DELTONA FL 32725       |                                 |  | 6.4 CITY-ST-ZIP                                       |                                 |  |  |

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

*Tim Bello* 2/11/99 407-574-8768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)