

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

0000530

DOCUMENT # 768085

1. Entity Name

SPANISH IGLESIA BAPTISTA EL CALVARIO, INC.

03-08-2001 90106 023 ****61.25

Principal Place of Business

1310 RED FOX RUN
 DELTONA FL 32725
 US

Mailing Address

1310 RED FORX RUN
 DELTONA FL 32725
 US

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

59-2287665

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

BELLO, TIM
2281 WEATHERFORD DRIVE
DELTONA FL 32738

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **BELLO, TIM**
 STREET ADDRESS **2281 WEATHERFORD DRIVE**
 CITY-ST-ZIP **DELTONA FL 32738**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VPD** ☐ Delete
 NAME **BETANCOURT, OSVALDO**
 STREET ADDRESS **1137 BATON DRIVE**
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **S** ☐ Delete
 NAME **SANABRIA, MIRIAM**
 STREET ADDRESS **819 LAUREL LEAF ST**
 CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **ST** ☐ Delete
 NAME **SANABRIA, EFRAIN**
 STREET ADDRESS **819 LAUREL LEAF ST**
 CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **ST** ☐ Delete
 NAME **MIGUEL, VEGA**
 STREET ADDRESS **2463 BECK CIRCLE**
 CITY-ST-ZIP **DELTONA FL 32738**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete
 NAME **VICENTY, SALVADOR**
 STREET ADDRESS **1785 GILES ST**
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE **T JOSEFINA SANCHEZ** ☒ Change ☐ Addition
 NAME **2337 GREENBRIER ST.**
 STREET ADDRESS **DELTONA, FLORIDA 32738**
 CITY-ST-ZIP

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

Tim Bello

3/4/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)