

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90328 044 ****61.25

DOCUMENT # 768085

1. Entity Name

SPANISH IGLESIA BAUTISTA EL CALVARIO, INC.



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

1st MOORE

CR2E037 (10/04)

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 EFRAIN SANABRIA

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

819 LAUREL LEAF ST.

City ORANGE CITY

FL 32763

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

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

(NOTE: Registered Agent signature required when reinstating)

4/14/05
DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BELLO, TIM	
STREET ADDRESS	2281 WEATHERFORD DRIVE	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BETANCOURT, OSVALDO	
STREET ADDRESS	1137 BATON DRIVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, DAISY	
STREET ADDRESS	1239 SEYBOLD TERR	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SANABRIA, EFRAIN	
STREET ADDRESS	819 LAUREL LEAF ST	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	VILLIZHANAY, MARTA	
STREET ADDRESS	2495 BARBARSOA AV	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, DEBORA	
STREET ADDRESS	915 LEWARD RD	
CITY-ST-ZIP	DELTONA FL 32738	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EFRAIN SANABRIA	
STREET ADDRESS	819 LAUREL LEAF ST.	
CITY-ST-ZIP	ORANGE CITY, FLORIDA 32763	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRIAM SANABRIA	
STREET ADDRESS	819 LAUREL LEAF ST.	
CITY-ST-ZIP	ORANGE CITY, FLORIDA 32763	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFREDO VELEZ	
STREET ADDRESS	3238 WILD PEPPER ST.	
CITY-ST-ZIP	DELTONA, FLORIDA 32725	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILMA RIVERA	
STREET ADDRESS	916 FLORIDA AVE.	
CITY-ST-ZIP	ORANGE CITY, FLORIDA 32763	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEFINA SANCHEZ	
STREET ADDRESS	2337 GREENBRIER ST.	
CITY-ST-ZIP	DELTONA, FLORIDA 32738	

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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EFRAIN
SANABRIA

Date

Daytime Phone #

4-14-05 386-774-6014