


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

FILED
May 24, 2006 8:00 am
Secretary of State

05-24-2006 90009 002 ****61.25

DOCUMENT # 768085	
1. Entity Name <i>Spanish Iglesia Bautista El Calvario, Inc.</i>	

DO NOT WRITE IN THIS SPACE

20076449

2. Principal Place of Business <i>1310 Red Fox Run</i>	3. Mailing Address <i>1310 Red Fox Run</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CR2E037B (8/05)

City & State <i>Deltona, FL</i>	City & State <i>Deltona FL</i>	4. FEI Number <i>59-2287665</i>	Applied For Not Applicable
Zip <i>32725</i>	Country <i>Volusia</i>	Zip <i>32725</i>	Country <i>Volusia</i>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>Efrain Sanabria</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>819 Laurel Leaf St.</i>	
City <i>Orange City</i>	FL Zip Code <i>32763</i>

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FEE IS \$61.25
Initial or Amended AR**

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>P. Efrain Sanabria 819 Laurel Leaf St Orange City, FL 32763</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V.P.D. Josefina Sanchez 2337 Greenbrier St. Deltona, FL 32728</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VPD OSVALDO BERANCOURT 1137 BATON DRIVE DELTONA FL 32725</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S MIRIAM SANABRIA 819 LAUREL LEAF ST. ORANGE CITY, FL 32763</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ST ALFREDO VELEZ 3238 WILD PEPPER ST. DELTONA, FL 32725</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ST VILMA RIVERA 916 FLORIDA AVE. ORANGE CITY, FL 32738</i>	TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Efrain Sanabria* TRUSTEE PRESIDENT 5/22/06 386-774 6014