

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90198 015 ****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

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. 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)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **S DAISY LOPEZ**
STREET ADDRESS **1239 SEYBOLD TERR**
CITY-ST-ZIP **DELTONA, FL 32738**

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

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

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

TITLE ☒ Change ☐ Addition
NAME **ST MARTA VILLIZHANA Y**
STREET ADDRESS **2495 BARBAROSA AV**
CITY-ST-ZIP **DELTONA, FL 32738**

TITLE ☒ Delete
NAME **T SANCHEZ, JOSEFINA**
STREET ADDRESS **2337 GREENBRIAR STREET**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE ☒ Change ☐ Addition
NAME **T DEBORA HERNANDEZ**
STREET ADDRESS **915 LEEWARD RD.**
CITY-ST-ZIP **DELTONA, FL 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 like empowered.

SIGNATURE:

SIGNATURE REBELL

1/12/03

**386
574-8768**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)