

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90019 031 ****61.25

DOCUMENT # N01000000719

1. Entity Name

IGLESIA BAUTISTA CALVARIO, INC.

Principal Place of Business

**6709 ST. AUGUSTINE ROAD. #152
 JACKSONVILLE FL 32217**

Mailing Address

**6709 ST. AUGUSTINE ROAD. #152
 JACKSONVILLE FL 32217**

2. Principal Place of Business

**0159 Arlington Expressway
 Suite, Apt. #, etc.
 Suite #6**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32211

Country

America

Country

4. FEI Number

59-3710267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**GARCIA, LUIS
 6709 ST. AUGUSTINE ROAD, #152
 JACKSONVILLE FL 32217**

7. Name and Address of New Registered Agent

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

**After September 13, 2002,
 min. will be \$236.25.**

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

TITLE **PD** ☐ Delete
 NAME **GARCIA, LUIS**
 STREET ADDRESS **6709 ST. AUGUSTINE ROAD, #152**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **SD** ☐ Delete
 NAME **RIVERA, MELISSA A**
 STREET ADDRESS **2580 JESSICA LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **TD** ☐ Delete
 NAME **RIVERA, JAMES**
 STREET ADDRESS **2580 JESSICA LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **D** ☐ Delete
 NAME **STANLEY, ROBERT**
 STREET ADDRESS **5406 BLORIANNE CIRCLE, S.**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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TITLE ☐ Change ☐ Addition
 NAME
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 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: **GARCIA**

Sep 06 2002 (904) 710-7397

CR2E037 (4/02)