2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000006226

1. Entity Name
IGLESIA CRISTIANA EL CALVARIO, INC.

Principal Place of Business	Mailing Address
2230 HARIET STREET PORT CHARLOTTE, FL 33948	P.O. BOX 380477 MURDOCK, FL 33938-0477

01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
14-1878431
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FUENTES, AIDA
19622 MIDWAY BLVD
PORT CHARLOTTE, FL 33948

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000061631
02/23/04-80089-010 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FUENTES, REV AIDA
STREET ADDRESS	19622 MIDWAY BLVD
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	D
NAME	FUENTES, REV RAMON A
STREET ADDRESS	19622 MIDWAY BLVD
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	AD
NAME	TORRES, NAOMI
STREET ADDRESS	210 FORREST AVE.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D
NAME	RAMIREZ, JUAN CARLOS
STREET ADDRESS	31 CALLAO ST.
CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	D
NAME	RIVERA, GLORIA
STREET ADDRESS	2276 WURTHSMITH LANE
CITY-ST-ZIP	NORTH PORT, FL 34286
TITLE	D
NAME	TORRES, NEFTALI
STREET ADDRESS	210 FORREST AVE.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952

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: _____ 1/25/04 (941) 627-1455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #