2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2005
Secretary of State

DOCUMENT# N02000006226

Entity Name: IGLESIA CRISTIANA EL CALVARIO, INC.

Current Principal Place of Business:

2230 HARIET STREET
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 380477
MURDOCK, FL 339380477

New Mailing Address:

FEI Number: 14-1878431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FUENTES, AIDA
19622 MIDWAY BLVD
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	FUENTES, REV AIDA	
Address:	19622 MIDWAY BLVD	
City-St-Zip:	PORT CHARLOTTE, FL 33948	
Title:	D	( ) Delete
Name:	FUENTES, REV RAMON A	
Address:	19622 MIDWAY BLVD	
City-St-Zip:	PORT CHARLOTTE, FL 33948	
Title:	AD	( ) Delete
Name:	TORRES, NAOMI	
Address:	210 FORREST AVE.	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:	D	( ) Delete
Name:	RAMIREZ, JUAN CARLOS	
Address:	31 CALLAO ST.	
City-St-Zip:	PUNTA GORDA, FL 33983	
Title:	D	( ) Delete
Name:	RIVERA, GLORIA	
Address:	2276 WURTHSMITH LANE	
City-St-Zip:	NORTH PORT, FL 34286	
Title:	D	( ) Delete
Name:	TORRES, NEFTALI	
Address:	210 FORREST AVE.	
City-St-Zip:	PORT CHARLOTTE, FL 33952	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	RUIZ, ELLIOT	
Address:	5462 11TH AVE	
City-St-Zip:	FORT MYERS, FL 33907	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AIDA FUENTES REV 01/16/2005

Electronic Signature of Signing Officer or Director — Date