2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007
Secretary of State

DOCUMENT# N02000006226

Entity Name: CENTRO CRISTIANO 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:	P	( ) 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:	CARDONA, ANGEL	
Address:	2550 EASY STREET APT 214	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:	D	( ) Delete
Name:	CARDONA, AIDA I	
Address:	2550 EASY STREET APT 214	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:	D	( ) Delete
Name:	ORDOÑEZ, MERCEDES	
Address:	525 SE 23RD PLACE	
City-St-Zip:	CAPE CORAL, FL 33990	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	AD	(X) Change ( ) Addition
Name:	BORGES, MORAIMA	
Address:	P.O. BOX 380477	
City-St-Zip:	MURDOCK, FL 33938	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 Chapter 119, 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 03/13/2007

Electronic Signature of Signing Officer or Director — Date