2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# N02000006226

Entity Name: CENTRO CRISTIANO EL CALVARIO, INC.

Current Principal Place of Business:

22286 VICK STREET
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

Current Mailing Address:

22286 VICK STREET
PORT CHARLOTTE, FL 33980

New Mailing Address:

FEI Number: 14-1878431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:	VARGAS - REYES, DENISE	
Address:	1206 SLASH PINE CIR. UNIT 124	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	D	( ) Delete
Name:	MERCADO, MARIA	
Address:	P.O. BOX 380477	
City-St-Zip:	MURDOCK, FL 33938	
Title:	D	( ) Delete
Name:	ORTIZ, JOSE A	
Address:	4168 TAMIAMI TRAIL	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:	D	( ) Delete
Name:	ORTIZ, MARIA	
Address:	4168 TAMIAMI TRAIL # F4	
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:	AD	(X) Change ( ) Addition
Name:	ORTIZ, MARIA E	
Address:	4168 TAMIAMI TRAIL	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	GUITARD, LEONOR	
Address:	315 RUTLAND CR	
City-St-Zip:	PORT CHARLOTTE, FL 33954	

I hereby certify that the information supplied with this filing does not qualify 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 06/22/2009

Electronic Signature of Signing Officer or Director — Date