

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90460 012 \*\*\*\*70.00

**DOCUMENT # NO2000006226**

1. Entity Name

**IGELSIA CRISTIANA EL CALVARIO, INC.**

*IGLESIA*



Principal Place of Business

P.O. BOX 380477

MURDOCK FL 33938-0477

Mailing Address

P.O. BOX 380477

MURDOCK FL 33938-0477

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**FUENTES, AIDA**

**19622 MIDWAY BLVD**

**PORT CHARLOTTE FL 33948**

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

*Aida Fuentes - PASTOR*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FUENTES, REV AIDA</b>	
STREET ADDRESS	<b>19622 MIDWAY BLVD</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33948</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FUENTES, REV RAMON A</b>	
STREET ADDRESS	<b>19622 MIDWAY BLVD</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33948</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MAISONET, LUIS J</b>	
STREET ADDRESS	<b>20415 ABBURY DR</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HUERTAS, AUSBERTO</b>	
STREET ADDRESS	<b>6163 MAYBERRY AVE</b>	
CITY-ST-ZIP	<b>N PORT FL 34287</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>IRIS JUDITH RIVERA</b>	
STREET ADDRESS	<b>2201 BRANCHCROFT BLVD.</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE, FL. 33952</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lisbeth Jegerlehner</b>	
STREET ADDRESS	<b>5032 KONDR</b>	
CITY-ST-ZIP	<b>NORTH PORT, FL. 34287</b>	
TITLE	<b>DIRECTOR/ELDER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GLORIA E. RIVERA</b>	
STREET ADDRESS	<b>2276 WURTHSMITH LN</b>	
CITY-ST-ZIP	<b>NORTH PORT, FL. 34286</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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, without other like empowered.

SIGNATURE:

*Aida Fuentes*

(941) 639-7147

CR2E037 (10/02)