

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90240 037 ****61.25

DOCUMENT # N02000007230

1. Entity Name
IGLESIA MISION CRISTIANA EL CALVARIO, INC.



Principal Place of Business
5430 SW 40TH STREET
DAVIE, FL 33314

Mailing Address
5430 SW 40TH STREET
DAVIE, FL 33314

13011409



DO NOT WRITE IN THIS SPACE

04232004 No Chg-NP CR2E037 (10/03)

4. FEI Number
52-2379171

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, FLAVIO
5430 SW 40TH STREET
DAVIE, FL 33314

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME DIAZ, FLAVIO G
STREET ADDRESS 5430 SW 40TH STREET
CITY-ST-ZIP DAVIE, FL 33314

TITLE D
NAME DIAZ, EUNICE
STREET ADDRESS 5430 SW 40TH STREET
CITY-ST-ZIP DAVIE, FL 33314

TITLE D
NAME CASTILLO ZAN, JOB ELIU
STREET ADDRESS 5430 SW 40TH STREET
CITY-ST-ZIP DAVIE, FL 33314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Director: Eunice Diaz April 24/2004 (954) 818 93-70