


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 20, 2006 08:00 AM  
Secretary of State**

|                                                                                                |                                                                                   |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N02000007230</b><br>1. Entity Name<br>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



04102006 No Chg-NP CR2E037 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>52-2379171 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

**DO NOT WRITE IN THIS SPACE**

**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 reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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    |                        |

U00000521184  
05/02/06-80123-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

04-14-2006 (954) 818-9328  
Date Daytime Phone #