

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009652

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** IGLESIA BAUTISTA EL CALVARIO FUNDAMENTAL E INDEPENDIENTE INC.

**Current Principal Place of Business:**

1530 LONG BAY RD.  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

179 COLLEGE DRIVE  
15  
ORANGE PARK, FL 32065

**Current Mailing Address:**

1530 LONG BAY RD.  
MIDDLEBURG, FL 32068

**New Mailing Address:**

P.O. BOX 243  
MIDDLEBURG, FL 32050

**FEI Number:** 37-1530077

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MALDONADO, BIENVENIDO PASTOR  
2659 BLUE WAVE DR.  
MIDDLEBURG, FL 32068 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  
Name: MALDONADO, BIENVENIDO PASTOR  
Address: 2659 BLUE WAVE DR.  
City-St-Zip: MIDDLEBURG, FL 32068

Title: T  
Name: LOPEZ, JUAN TRUSTEE  
Address: 2899 WOODSTONE DRIVE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: T  
Name: NEGRON, MARIA TRUSTEE  
Address: 1530 W. MADISON ST. APT. B-5  
City-St-Zip: STARKE, FL 32091

Title: T  
Name: COLON, JOSE B TRUSTEE  
Address: 4315 POWDEN HORN CT.  
City-St-Zip: MIDDLEBURG, FL 32068

I hereby 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 all other like empowered.

SIGNATURE: JUAN LOPEZ

T

04/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date