

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000009652

**FILED**  
**Jan 17, 2014**  
**Secretary of State**

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

**Current Principal Place of Business:**

1871 COUNTY ROAD 220  
FLEMING ISLAND, FL 32003 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9082  
FLEMING ISLAND, FL 32006

**New Mailing Address:**

**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  
2285 MARSH HAWK LN.  
APT. 3102  
FLEMING ISLAND, FL 32003 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: BIENBENIDO MALDONADO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MALDONADO, BIENVENIDO PASTOR  
Address: 2285 MARSH HAWK LN. - APT. 3102  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: T  
Name: RODRIGUEZ, MARISOL TRUSTEE  
Address: 1846 SHERWOOD 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: BIENBENIDO MALDONADO

P

01/17/2014

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

\_\_\_\_\_  
Date