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NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N41648** (9)

1. Corporation Name
SEGUNDA IGLESIA EL CALVARIO INC.
Segunda

Principal Place of Business: 100 PONCE DE LEON ST ROYAL PALM EBAC FL 33411 US

Mailing Address: 100 PONCE DE LEON ST ROYAL PALM EBAC FL 33411 US

3. Date Incorporated or Qualified: 01/11/1991

3a. Date of Last Report: 06/16/1995

21. Principal Place of Business: 100 PONCE DE LEON

2a. Mailing Address: 100 PONCE DE LEON

4. FEI Number: 65-0342661

Applied For: Not Applicable

22. Suite, Apt. #, etc.

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

23. City & State: Royal Palm B. FLA.

28. City & State: Royal Palm B. Florida

6. Election Campaign Financing: \$5.00 May Be Added to Fees

24. Zip: 33411

25. County: Palm Beach

29. Zip: 33411

30. County: Palm Beach

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
TORRES, MAGDALENO RUBEN
10419 PIPPIN LANE
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent
81 Name: REV. MAGDALENO RUBEN TORRES
82 Street Address: 100 PONCE DE LEON
83 Apt # 3
84 City: Royal Palm Beach FL
85 Zip Code: 33411

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Rev. Magdalena Ruben Torres* DATE: 4-11-96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TORRES, MAGDALENO R.	
STREET ADDRESS	10419 PIPPIN LANE 100 PONCE DE LEON	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	SO	<input type="checkbox"/> DELETE
NAME	CONTRON, MIRIAM	
STREET ADDRESS	1477 PENNEA DR	
CITY-ST-ZIP	WEST PALM BCH FL 33411	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	APOSTOL, MIRIAM	
STREET ADDRESS	302 LA MANCHA AVE	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	RAMONITA SANCHEZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	(SECRETARY)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RAMONITA SANCHEZ	
2.3 STREET ADDRESS	113 WATER GATE	
2.4 CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
3.1 TITLE	(CO-PASTOR) / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ELZA PEREZ	
3.3 STREET ADDRESS	100 PONCE DE LEON	
3.4 CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
4.1 TITLE	(TREASURER)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	URBELINDA MATORANA	
4.3 STREET ADDRESS	4411 DRIVE - E-1579, APT. 203	
4.4 CITY-ST-ZIP	West Palm Bch, FL	
5.1 TITLE	(DEACON)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	EMILIO VALENCIA	
5.3 STREET ADDRESS	16319 TRAFALGAR DRIVE E	
5.4 CITY-ST-ZIP	LORAHATCHEE, FL 33470	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rev. Magdalena Ruben Torres* DATE: 3/25/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Rev. Magdalena Ruben Torres* 3/25/96 407-790-7768

CR2E037 (12/95)