

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41648 (9)**

1. Corporation Name  
**SEGUNDA IGLESIA EL CALVARIO INC.**



Principal Place of Business <b>100 PONCE DE LEON ST. ROYAL PALM BEACH FL 33411 US</b>	Mailing Address <b>100 PONCE DE LEON ST. ROYAL PALM BEACH FL 33411-1213 US</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/11/1991</b>	3a. Date of Last Report <b>08/23/1996</b>
21. Suite, Apt. #, etc.	25. Suite, Apt. #, etc.	4. FEI Number <b>65-0342661</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RUBEN TORRES, MAGDALENO  
100 PONCE DE LEON  
APT. 3  
ROYAL PALM BEACH FL 33411**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City <b>FL</b> 85. Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>TORRES, MAGDALENO R</b>	
STREET ADDRESS	<b>100 PONCE DE LEON</b>	
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL 33411</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SANCHEZ, RAMONITA</b>	
STREET ADDRESS	<b>113 WATER GATE</b>	
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL 33411</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>MATURANA, URBELINDA</b>	
STREET ADDRESS	<b>1570 QUAIL DR., EAST, APT. 203</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VALENCIA, EMILIO</b>	
STREET ADDRESS	<b>16319 TRAFALGAR DR., EAST</b>	
CITY-ST-ZIP	<b>LOXAHATCHEE FL 33470</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PEREZ, ELZA</b>	
STREET ADDRESS	<b>100 PONCE DE LEON</b>	
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL 33411</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>TD BHAJAN, William</b>
3.3 STREET ADDRESS	<b>2001 Lake View Dr.</b>
3.4 CITY-ST-ZIP	<b>Royal Palm Bch. FL 33411</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 checked, or on an Attachment with an address.

*[Signature]* 7-14-97

CR2E037 (9/96)