

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 100 PONCE DE LEON ST. ROYAL PALM BEACH FL 33411 US	Mailing Address 100 PONCE DE LEON ST. ROYAL PALM BEACH FL 33411 US
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3. Date Incorporated or Qualified <b>01/11/1991</b>	
4. FEI Number <b>65-0342661</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

**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	
84 City	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 officer 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	PD	<input type="checkbox"/> DELETE
NAME	TORRES, MAGDALENO R	
STREET ADDRESS	100 PONCE DE LEON	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SANCHEZ, RAMONITA	
STREET ADDRESS	113 WATER GATE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BHAJAN, WILLIAM	
STREET ADDRESS	2001 LAKE VIEW DR	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VALENCIA, EMILIO	
STREET ADDRESS	16319 TRAFALGAR DR., EAST	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEREZ, ELZA	
STREET ADDRESS	100 PONCE DE LEON	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
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 checked="" type="checkbox"/> Addition
2.2 NAME	SD
2.3 STREET ADDRESS	BHAJAN, ANA
2.4 CITY-ST-ZIP	6558 Pinestead Drv. Lantana FL 33462
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 changed, or on an attachment with an address.

SIGNATURE: *William R. Bhajan* 2-20-98 964-1308

CR2E037 (10/97)