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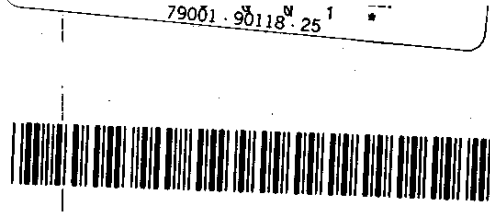
NONPROFIT CORPORATION ANNUAL REPORT 1999
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # N41648
 Corporation Name
 SEGUNDA IGLESIA EL CALVARIO INC.

Principal Place of Business
 PONCE DE LEON ST.
 PALM BEACH FL 33411

Mailing Address
 100 PONCE DE LEON ST.
 ROYAL PALM BEACH FL 33411
 US



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
26	26	01/11/1991	
City, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
27	27	65-0342661	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
28	28	<input checked="" type="checkbox"/>	
Country	Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
25	29	<input type="checkbox"/>	
Country	Country	Trust Fund Contribution	
30	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MAGDALENO TORRES, MAGDALENO PONCE DE LEON 3 PALM BEACH FL 33411	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

I, the undersigned, in accordance with 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 agent 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.

JRE
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD TORRES, MAGDALENO R 100 PONCE DE LEON ROYAL PALM BEACH FL 33411	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD BHAJAN, ANA 6358 PINESTEAD DRIVE LANTANA FL 33462	<input type="checkbox"/> DELETE	1.2 NAME	
TD BHAJAN, WILLIAM 2001 LAKE VIEW DR ROYAL PALM BEACH FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
D VALENCIA, EMILIO 16319 TRAFALGAR DR., EAST LOXAHATCHEE FL 33470	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
D PEREZ, ELZA 100 PONCE DE LEON ROYAL PALM BEACH FL 33411	<input type="checkbox"/> DELETE	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 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	

I 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 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date

CR2E037 (11/98)