

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41648

FILED
Apr 15, 2009
Secretary of State

Entity Name: SEGUNDA IGLESIA EL CALVARIO INC.

Current Principal Place of Business:

1756 SAWGRASS CIR.
GREENACRES, FL 33413 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2411
WEST PALM BEACH, FL 33416 US

New Mailing Address:

FEI Number: 65-0342661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUBEN TORRES, MAGDALENO REV.
1756 SAWGRASS CIR.
GREENACRES, FL 33413 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TORRES, MAGDALENO R
Address: 2411 GREEN GATE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: PEREZ, ELSA
Address: 5210 CLUB ROAD
City-St-Zip: WEST PALM BEACH, FL 33415

Title: S () Delete
Name: RAMOS, DIANA
Address: 1643 SW TAURUS LANE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: T () Delete
Name: SANCHEZ, RAMONITA
Address: 136 ELYSIUM DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TORRES, MAGDALENO R
Address: 6317 CYPRESS LN
City-St-Zip: LANTANA, FL 33462

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RUBEN MAGDALENO TORRES

REV.

04/15/2009

Electronic Signature of Signing Officer or Director

Date