


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N42293		
1. Entity Name IGLESIA EVANGELICA MONTE CALVARIO, INC.		
Principal Place of Business 11809 NE FIRST AVE MIAMI, FL 33161 US	Mailing Address % 435 NORTHWEST 121ST STREET NORTH MIAMI, FL 33168 US	



03312005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 65-0250529	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZUNIGA, ABRAHAM
 435 N.W. 121 STREET
 NORTH MIAMI, FL 33168

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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD ZUNIGA, ABRAHAM 435 N.W. 121 ST. NORTH MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD EBANKS, DAISY 1433 NW 28TH STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD ZUNIGA, MARY E 435 N.W. 121 ST. NORTH MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD CARDENAS, VICTOR 12205 N.W. 2ND AVE NORTH MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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 04/19/05-80020-007 70.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Abraham Zuniga* Abraham Zuniga 4-16-05 305-685-1053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #