

DOCUMENT # N02000001648
1. Entity Name
BE DILIGENT MINISTRIES, INC.



Principal Place of Business
2019-B EAST 149TH AVE.
LUTZ, FL 33549
Mailing Address
2019-B EAST 149TH AVE.
LUTZ, FL 33549



02272006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
03-0425369 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VELAZQUEZ, MIGUEL A
2019 E. 149TH AVE.
LUTZ, FL 33549

DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

1100000452588
03/13/06-80005-009 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VELAZQUEZ, MIGUEL A 2019 E. 149TH AVE. LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ZAYAS, ROBERTO 1331 SALT CLAY CT. WESLEY CHAPEL, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GARCIA, VILMA I 19411 DOVE RD. LAND O' LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Miguel A. Velazquez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/06
Date
813
298-9762
Daytime Phone #