


461.25

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
Mar 21, 2008 08:00 A  
Secretary of State

<b>DOCUMENT # N02000001648</b> 1. Entity Name BE DILIGENT MINISTRIES, INC.	
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Principal Place of Business 2019-B EAST 149TH AVE. LUTZ, FL 33549	Mailing Address 2019-B EAST 149TH AVE. LUTZ, FL 33549
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**DO NOT WRITE IN THIS SPACE**



02232005 No Chg-NP CR2E037 (10/03)

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 Rev. Miguel A. Velazquez [Signature] 3/19/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

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 10411 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**

04/08/08-80038-009 61.25

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: [Signature] 3/19/08 298-9762  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #