


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90309 032 ****66.25

DOCUMENT # N05000006626
 1. Entity Name
IGLESIA BAUTISTA "JESUS ES EL SENOR", INC.



Principal Place of Business: **4236 N JOHN YOUNG PARKWAY ORLANDO FL 32804**
 Mailing Address: **4236 N JOHN YOUNG PARKWAY ORLANDO FL 32804**
PASTOR FIDEL DIAZ.

00049030



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: **414 E. PINE ST. APT. #1007**
 Suite, Apt. #, etc.: **ORLANDO, FL. 32801**

1st MOORE CR2E037 (10/05)

City & State

4. FEI Number: **56-2519142 -**
 Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, FIDEL
1051 LEE RD APT 24-C
ORLANDO FL 32810

Name: **FIDEL DIAZ**
 Street Address (P.O. Box Number is Not Acceptable): **414 E. PINE ST. APT. 1007**
 City: **ORLANDO** FL Zip Code: **32801**

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)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P DIAZ, FIDEL	<input type="checkbox"/> Delete
STREET ADDRESS	1051 LEE RD APT 24-C	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE NAME	V MARTILLO, PETER	<input type="checkbox"/> Delete
STREET ADDRESS	2020 DORIS DR	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE NAME	S ORTIZ, LUIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3973 NORTH LK ORLANDO PARKWAY APT 1608	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE NAME	T HERRERA, LUIS	<input type="checkbox"/> Delete
STREET ADDRESS	1845 PROCTOR AVE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE NAME	V GRANADOS, ERIKA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3973 NORTH LK ORLANDO PARKWAY APT 1608	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	S ESTEBAN MORALES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	675 WOOD LANE CIR.	
CITY-ST-ZIP	APOPKA, FL. 32712	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	V. NELLY LONDONO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1845 PROCTOR AVE.	
CITY-ST-ZIP	ORLANDO, FL. 32817	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Fidel Diaz* **FIDEL DIAZ**