


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000002136</b> 1. Entity Name <b>SEGUNDA IGLESIA BAUTISTA HISPANA DE DELTONA (ABC), INC.</b>	
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Principal Place of Business <b>502 TACOMA AVE DELTONA, FL 32725</b>	Mailing Address <b>502 TACOMA AVE. DELTONA, FL 32725</b>
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**DO NOT WRITE IN THIS SPACE**



04112007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3244059</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**PEREZ, ROBERTO  
502 TACOMA AVE.  
DELTONA, FL 32725-8333**

**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: *Roberto Perez* **PRESIDENT** DATE: 4/11/07

Signature, typed or printed name of registered agent, etc. (if applicable) (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25  
Due by May 1, 2007**

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	<b>D PEREZ, ROBERTO 502 TACOMA AVE. DELTONA, FL 327258333</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MENDOZA, ISAAC 1421 SECTION LANE TER DELTONA, FL 32725</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD VALEZ, JESUS 986 CHIPPENDALE ST DELTONA, FL 32725</b>
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04/26/07-80047-003 70.00

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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: *Roberto Perez* **Roberto Perez** DATE: 4/11/07 (386) 574-7977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #