
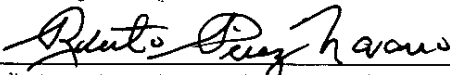


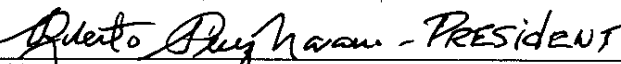
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90026 013 ****70.00

DOCUMENT # N94000002136					
1. Entity Name SEGUNDA IGLESIA BAUTISTA HISPANA DE DELTONA (ABC), INC.					
Principal Place of Business 502 TACOMA AVE DELTONA FL 32725		Mailing Address 502 TACOMA AVE. DELTONA FL 32725			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3244059	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required 1st MOORE CR2E037 (10/07)			
6. Name and Address of Current Registered Agent PEREZ, ROBERTO 502 TACOMA AVE. DELTONA FL 32725-8333			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 		3/25/08		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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ROBERTO		NAME	Perez Roberto	
STREET ADDRESS	502 TACOMA AVE.		STREET ADDRESS	502 Tacoma Ave.	
CITY-ST-ZIP	DELTONA FL 32725-8333		CITY-ST-ZIP	Deltona FL 32725	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDOZA, ISAAC		NAME		
STREET ADDRESS	1421 SECTION LANE TER		STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32725		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALEZ, JESUS		NAME	Leida Perez	
STREET ADDRESS	966 CHIPPENDALE ST		STREET ADDRESS	502 Tacoma Ave.	
CITY-ST-ZIP	DELTONA FL 32725		CITY-ST-ZIP	Deltona, FL 32725	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Malaquias Bosques	
STREET ADDRESS			STREET ADDRESS	502 Tacoma Ave.	
CITY-ST-ZIP			CITY-ST-ZIP	Deltona, FL 32725	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  - PRESIDENT 3/25/08 386-575-0461