


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0007208

**DOCUMENT # 759642**

1. Entity Name  
**IGLESIA BAUTISTA BETANIA, INC.**



FILED

04 MAR 16 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business  
**15300 SW 288 ST  
LEISURE CITY FL 33033**

Mailing Address  
**P.O. BOX 901567  
HOMESTEAD FL 33090**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **NOT APPLICABLE** Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ZARATE, EDUARDO**  
**28465 SW 158 CT**  
**HOMESTEAD FL 33030**

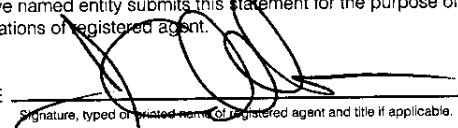
7. Name and Address of New Registered Agent

Name **JOSE ABELLA**

Street Address (P.O. Box Number is Not Acceptable)  
**30701 SW 150 AVE**

City **LEISURE CITY** FL Zip Code **33033**

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  **JOSE ABELLA** DATE **1-24-2004**

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**  
**After September 10, 2003, min will be \$236.25**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ZARATE, EDUARDO</b> <b>28465 SW 158 CT</b> <b>HOMESTEAD FL 33030</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>VIERA, EDUARDO</b> <b>29213 SW 157 AVE</b> <b>LEISURE CITY FL 33033</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MARTINEZ, ALIDA</b> <b>12344 SW 252 TERR.</b> <b>MIAMI FL 33032</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GONZALEZ, EUFENIA</b> <b>14820 NARANJA LAKES BLVD #D10</b> <b>HOMESTEAD FL 33032</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LOPEZ, ENEIDA</b> <b>15300 SW 288 ST</b> <b>LEISURE CITY FL 33033</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JOSE ABELLA</b> <b>30701 SW 150 AVE</b> <b>LEISURE CITY, FL 33033</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>NANCY ABELLA</b> <b>30701 SW 150 AVE</b> <b>LEISURE CITY, FL 33033</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ALIDA MARTINEZ</b> <b>12344 SW 252 TERR.</b> <b>MIAMI, FL 33032</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JOSE LOPEZ</b> <b>15300 SW 288 ST</b> <b>LEISURE CITY, FL 33033</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **RENANCY ABELLA** Date **2/13/04** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)