2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 759642

1. Entity Name
IGLESIA BAUTISTA BETANIA, INC.

Principal Place of Business	Mailing Address
15300 SW 288 ST LEISURE CITY, FL 33033	P.O. BOX 901567 HOMESTEAD, FL 33090

04182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

ABELLA, JOSE
30701 SW 150 AVE
LEISURE CITY, FL 33033

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ABELLA, JOSE
STREET ADDRESS	30701 SW 150 AVE
CITY-ST-ZIP	LEISURE CITY, FL 33033
TITLE	VP
NAME	MARTINEZ, ALIDA
STREET ADDRESS	12344 SW 252 TERR
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	T
NAME	LOPEZ, JOSE
STREET ADDRESS	15300 SW 288 STREET
CITY-ST-ZIP	LEISURE CITY, FL 33033
TITLE	T
NAME	LOPEZ, JOSE E
STREET ADDRESS	100 NE 6 AVE #811
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	V
NAME	VEITIA, IBELIZE
STREET ADDRESS	30701 SW 150 AVE
CITY-ST-ZIP	LEISURE CITY, FL 33033
TITLE	V
NAME	GONZALEZ, RAUL
STREET ADDRESS	30175 SW 162 AVE
CITY-ST-ZIP	HOMESTEAD, FL 33033

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04/22/05-80095-013 61.25

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