

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 22, 2004  
Secretary of State**

DOCUMENT# N00000004243

Entity Name: IGLESIA BAUTISTA HISPANA DE DAYTONA, INC.

**Current Principal Place of Business:**

316 CHURCH STREET  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 214492  
SOUTH DAYTONA, FL 32121

**New Mailing Address:**

FEI Number: 59-3658976      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OCHOA, VICTOR H  
273 PALM CASTLE DRIVE  
PORT ORANGE, FL 32127      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: OCHOA, VICTOR H  
Address: 273 PALM CASTLE DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: VD      ( ) Delete  
Name: OCHOA, MYRIAM S  
Address: 273 PALM CASTLE DR.  
City-St-Zip: PORT ORANGE, FL 32127

Title: SD      ( ) Delete  
Name: OCHOA, PAULA E  
Address: 273 PALM CASTLE DR.  
City-St-Zip: PORT ORANGE, FL 32127

Title: TD      ( ) Delete  
Name: OCHOA, PAULA GABRIELA  
Address: 273 PALM CASTLE DR.  
City-St-Zip: PORT ORANGE, FL 32127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD      (X) Change ( ) Addition  
Name: OCHOA, PAULA G. E  
Address: 273 PALM CASTLE DR.  
City-St-Zip: PORT ORANGE, FL 32127

Title: TD      (X) Change ( ) Addition  
Name: OCHOA, PAULA G.  
Address: 273 PALM CASTLE DR.  
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR H. OCHOA

PD

04/22/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date