

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90011 001 ****61.25

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1. Entity Name

IGLESIA BAUTISTA DEERMEADOWS, INC.



Principal Place of Business

**9780 BAYMEADOWS ROAD
 JACKSONVILLE FL 32256**

Mailing Address

**9780 BAYMEADOWS ROAD
 JACKSONVILLE FL 32256**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3757947

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VEGA, JOSE
 1044 WOLFE STREET
 JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**After September 13, 2002,
 min. will be \$236.25.**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE Delete
 NAME **D VASQUEZ, RAUL**
 STREET ADDRESS **1231 HENDRICKS AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE Delete
 NAME **D PINTO, NANETTE**
 STREET ADDRESS **842 ARIES ROAD, WEST**
 CITY-ST-ZIP **JACKSONVILLE FL 32276**

TITLE Delete
 NAME **D HURT, HUBERT**
 STREET ADDRESS **14879 SUSANNA WOODS COURT**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: _____

Signature of Jose Vega
 SIGNATURE REQUIRED

08/25/02

(904) 910-9358

CR2E037 (4/02)