


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N01000006319</b>	
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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED  
05 OCT 19 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10142005 REIN-NP CR2E099 (6/04)

4. FEI Number 59-3757947	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  VEGA, JOSE 1044 WOLFE STREET JACKSONVILLE, FL 32205
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7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 3875 S. San Pablo Rd #1012 City Jacksonville FL Zip Code 32224
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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 <i>Jose Vega E.</i>	10/16/05
Signature, typed or printed name of registered agent and title if applicable.	DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASQUEZ, RAUL 1231 HENDRICKS AVENUE JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4078 North Chinook Lane Ormond Beach, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DA VEGA, JOSE 5875 SOUTH PABLO ROAD, #102 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3875 S. San Pablo Rd #1012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURT, HUBERT 14879 SUSANNA WOODS COURT JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400060950914 10/26/05--01034--010 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Sudamys Alfonso 11674 Hampton Park Blvd Jacksonville FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>M 10/24</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Saul Medrano 3795 Cardinal Oaks Circle Orange Park FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Argenis Soto 990 Nesting Swallow Dr. Jacksonville FL 32225

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: <i>Jose Vega E.</i>	10/16/05. 904 338-0263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #