


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000006319
1. Entity Name
IGLESIA BAUTISTA DEERMEADOWS, INC.



Principal Place of Business Mailing Address
**9780 BAYMEADOWS ROAD
JACKSONVILLE FL 32256** **9780 BAYMEADOWS ROAD
JACKSONVILLE FL 32256**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

1st MOORE CR2E037 (10/05)
4. FEI Number Applied For
59-3757947 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent
**VEGA, JOSE
3875 S. SAN PABLO RD #1012
JACKSONVILLE FL 32224**

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 *Jose V. Vega* DATE
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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	D	<input type="checkbox"/> Delete
NAME	VASQUEZ, RAUL	
STREET ADDRESS	407B NORTH CHINOOK LANE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	DA	<input type="checkbox"/> Delete
NAME	VEGA, JOSE	
STREET ADDRESS	3875 SOUTH PABLO ROAD, #102	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input type="checkbox"/> Delete
NAME	HURT, HUBERT	
STREET ADDRESS	14879 SUSANNA WOODS COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALFONSO, SUDAMYS	
STREET ADDRESS	11874 HAMPTON PARK BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEDRANO, SAUL	
STREET ADDRESS	3795 CARDINAL OAKS CIRCLE	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOTO, ARGENIS	
STREET ADDRESS	990 NESTING SWALLOW DR	
CITY-ST-ZIP	JACKSONVILLE FL 32225	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000500930 Change Addition
04/25/06-80042-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 *Jose V. Vega* DATE *3/31/06*