


**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**      **9780 BAYMEADOWS ROAD**  
**JACKSONVILLE FL 32256**      **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 / Not Applicable  
**59-3757947**  
 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 *[Signature]*      DATE

**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		

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.

*[Handwritten signatures and dates]*