


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000006319 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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-3757947	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: 4078 NORTH CHINOOK LANE CITY-STATE-ZIP: ORMOND BEACH FL 32174
TITLE	DA <input type="checkbox"/> Delete NAME: VEGA, JOSE STREET ADDRESS: 3875 SOUTH PABLO ROAD, #102 CITY-STATE-ZIP: JACKSONVILLE FL 32224
TITLE	D <input type="checkbox"/> Delete NAME: HURT, HUBERT STREET ADDRESS: 14879 SUSANNA WOODS COURT CITY-STATE-ZIP: JACKSONVILLE FL 32257
TITLE	D <input type="checkbox"/> Delete NAME: ALFONSO, SUDAMYS STREET ADDRESS: 11674 HAMPTON PARK BLVD CITY-STATE-ZIP: JACKSONVILLE FL 32256
TITLE	D <input type="checkbox"/> Delete NAME: MEDRANO, SAUL STREET ADDRESS: 3795 CARDINAL OAKS CIRCLE CITY-STATE-ZIP: ORANGE PARK FL 32065
TITLE	D <input type="checkbox"/> Delete NAME: SOTO, ARGENIS STREET ADDRESS: 990 NESTING SWALLOW DR CITY-STATE-ZIP: JACKSONVILLE FL 32225

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: U00000636291 STREET ADDRESS: 02/26/07-80010-015 61.25 CITY-STATE-ZIP:
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Sudamys Alfonso**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR