

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90051 024 \*\*\*\*70.00



**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 - No P.O. Box #      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-3757947**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

1st MOORE      CR2E037 (10/07)

**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: **Jose Vega**  
Street Address (P.O. Box Number is Not Acceptable):  
**2177 Brian Lakes Dr. N**  
City: **Jacksonville**      FL      Zip Code: **32221**

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: **4/7/08**

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

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	4078 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	11674 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 checked="" type="checkbox"/> Delete
NAME	SOTO, ARGENIS	
STREET ADDRESS	990 NESTIONG SWALLOW DR	
CITY-ST-ZIP	JACKSONVILLE FL 32225	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rick Smith	
STREET ADDRESS	13930 Sugar Pine Ct.	
CITY-ST-ZIP	Jacksonville FL 32225	
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.

SIGNATURE: *[Signature]*      DATE: **4/7/08**