

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006319

FILED
Jan 16, 2009
Secretary of State

Entity Name: IGLESIA BAUTISTA DEERMEADOWS, INC.

Current Principal Place of Business:

9780 BAYMEADOWS ROAD
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9780 BAYMEADOWS ROAD
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3757947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VEGA, JOSE
2177 BRIAN LAKES DR. N.
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VASQUEZ, RAUL
Address: 4078 NORTH CHINOOK LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: DA () Delete
Name: VEGA, JOSE
Address: 3875 SOUTH PABLO ROAD, #102
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: HURT, HUBERT
Address: 14879 SUSANNA WOODS COURT
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: ALFONSO, SUDAMYS
Address: 11674 HAMPTON PARK BLVD
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Delete
Name: MEDRANO, SAUL
Address: 3795 CARDINAL OAKS CIRCLE
City-St-Zip: ORANGE PARK, FL 32065

Title: D (X) Delete
Name: SMITH, RICK
Address: 13930 SUGAR PINE CT.
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TREASURER/SUDAMYS ALFONSO

MS.

01/16/2009

Electronic Signature of Signing Officer or Director

Date