


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Sep 01, 2005 8:00 am**  
**Secretary of State**

09-01-2005 90023 019 \*\*\*\*61.25

**DOCUMENT # N01000008937**  
 1. Entity Name  
**IGLESIA CRISTIANA BETHEL CASA DE DIOS, INC.**



Principal Place of Business      Mailing Address  
**4937 PLEASANT HILL RD**      **4937 PLEASANT HILL RD**  
**KISSIMMEE FL 34758**      **KISSIMMEE FL 34758**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

2nd MOORE      CR2E037 (5/05)

4. FEI Number      Applied For  
**NO-T APPLICABLE**      Not Applicable

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



6. Name and Address of Current Registered Agent  
**VELAZQUEZ, DAVID**  
**1128 CHICHESTER COURT**  
**KISSIMMEE FL 34758**

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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. DP OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROSA, JULIO <input type="checkbox"/> Delete 1013 DERBY SHIRE DR KISSIMMEE FL 34758 DS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VALAZQUEZ, DAVID <input type="checkbox"/> Delete 1128 CHICHESTER COURT KISSIMMEE FL 34758 DV
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FIGUEROA, DOMINGO <input type="checkbox"/> Delete 983 ALZERCE DR KISSIMMEE FL 34759 D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HERNANDEZ, JUAN <input type="checkbox"/> Delete 110 BIANCA COURT KISSIMMEE FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HERNANDEZ JUAN "T" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 711 ANTELOPE WAY KISSIMMEE FL 34759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *[Handwritten Signature]*      *[Handwritten Signature]*      *[Handwritten Signature]*