


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90071 008 \*\*\*\*61.25

**DOCUMENT # N01122**

1. Entity Name  
**IGLESIA CRISTIANA BETHEL, INCORPORATED**



Principal Place of Business      Mailing Address

2999 MARQUETTE AVE (32773)      2999 MARQUETTE AVE (32773)  
 P. O. BOX 104      P. O. BOX 104  
 SANFORD FL 32772-7104      SANFORD FL 32772-7104



2. Principal Place of Business      3. Mailing Address

*Iglesia Cristiana Bethel, Inc.*      *P. O. Box 104*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

*2999 Marquette Ave*      *Sanford*

1st MOORE      CR2E037 (10/05)

City & State      City & State

*Sanford - Florida*      *Florida*

Zip      Country      Zip      Country

*32773*      *USA*      *32772-7104*      *USA*

4. FEI Number      Applied For

**59-2413219**      Not Applicable

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

6. Name and Address of Current Registered Agent

**FONSECA, PABLO**  
**3010 PARK AVE., S.**  
**SANFORD FL 32773**

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 *Pablo Fonseca*      - *Pastor Pablo Fonseca*      DATE *2-07-06*

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: 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          | TD                            | <input type="checkbox"/> Delete            |
| NAME           | <b>PEREZ, ELBA P</b>          |  |
| STREET ADDRESS | <b>214 SAN FERNANDO COURT</b> |  |
| CITY-ST-ZIP    | <b>SANFORD FL 32773</b>       |  |
| TITLE          | D                             | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>MELLENDEZ, ISONIEL</b>     |  |
| STREET ADDRESS | <b>2924 CLOVIS DR</b>         |  |
| CITY-ST-ZIP    | <b>DELTONA FL 32738</b>       |  |
| TITLE          | SD                            | <input type="checkbox"/> Delete            |
| NAME           | <b>OQUENDO, ANA</b>           |  |
| STREET ADDRESS | <b>1040 REGAL POINTE #106</b> |  |
| CITY-ST-ZIP    | <b>LAKE MARY FL 32746</b>     |  |
| TITLE          | P                             | <input type="checkbox"/> Delete            |
| NAME           | <b>FONSECA, PABLO</b>         |  |
| STREET ADDRESS | <b>3010 PARK AVE S.</b>       |  |
| CITY-ST-ZIP    | <b>SANFORD FL</b>             |  |
| TITLE          |                               | <input type="checkbox"/> Delete            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input type="checkbox"/> Delete            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |

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          | D                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>MORALES, Angel</b>          |  |
| STREET ADDRESS | <b>216 Perth Court</b>         |  |
| CITY-ST-ZIP    | <b>Winter Spring, FL 32708</b> |  |
| 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 *Pablo Fonseca*      *Pablo Fonseca Pastor*      DATE *2-07-06*      *407-321-1202*