


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

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90019 014 \*\*\*\*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 - No P.O. Box # 3. Mailing Address  
 299 Marquette Ave P.O. Box 104  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State  
 Sanford, FL Sanford, FL 32  
 Zip Country Zip Country  
 32772 Seminole 32772

4. FEI Number 59-2413219 Applied For  
 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* DATE: 3/23/08  
(NOTE: Registered Agent signature required when reinstating)

**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                      | TD                      | <input checked="" type="checkbox"/> Delete |
| NAME                       | PEREZ, ELBA P           |  |
| STREET ADDRESS             | 214 SAN FERNANDO COURT  |  |
| CITY-ST-ZIP                | SANFORD FL 32773        |  |
| TITLE                      | D                       | <input checked="" type="checkbox"/> Delete |
| NAME                       | MELENDEZ, ISONIEL       |  |
| STREET ADDRESS             | 2924 CLOVIS DR          |  |
| CITY-ST-ZIP                | DELTONA FL 32738        |  |
| TITLE                      | SD                      | <input checked="" type="checkbox"/> Delete |
| NAME                       | OCUENDO, ANA            |  |
| STREET ADDRESS             | 1040 REGAL POINTE #106  |  |
| CITY-ST-ZIP                | LAKE MARY FL 32746      |  |
| TITLE                      | P                       | <input type="checkbox"/> Delete            |
| NAME                       | FONSECA, PABLO          |  |
| STREET ADDRESS             | 3010 PARK AVE S.        |  |
| CITY-ST-ZIP                | SANFORD FL              |  |
| TITLE                      | D                       | <input type="checkbox"/> Delete            |
| NAME                       | MORALES, ANGEL          |  |
| STREET ADDRESS             | 216 PERTH CT            |  |
| CITY-ST-ZIP                | WINTER SPRINGS FL 32708 |  |
| TITLE                      |                         | <input type="checkbox"/> Delete            |
| NAME                       |                         |  |
| STREET ADDRESS             |                         |  |
| CITY-ST-ZIP                |                         |  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                              |  |
|---|------------------------------|--|
| TITLE   | TD                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | MEDINA, Nilda                |  |
| STREET ADDRESS  | 12000 Hillwood Dr. Apt 12106 |  |
| CITY-ST-ZIP   | Sanford, FL 32771            |  |
| TITLE   | SD                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | Roman, Hortensia             |  |
| STREET ADDRESS  | 216 B Perth Court            |  |
| CITY-ST-ZIP   | Winter Springs, FL 32708     |  |
| TITLE   | D                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | Morales Angel                |  |
| STREET ADDRESS  | 216 Perth Ct                 |  |
| CITY-ST-ZIP   | Winter Springs, FL 32708     |  |
| TITLE   | P                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | Fonseca, Pablo               |  |
| STREET ADDRESS  | 3010 Park Ave                |  |
| CITY-ST-ZIP   | Sanford, FL                  |  |
| 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: *Nilda Medina* DATE: 3/23/08