

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000001050	
1. Entity Name IGLESIA BAUTISTA CASA LUZ, INC.	

Principal Place of Business 3608 SW 150 LANE ROAD OCALA, FL 34473	Mailing Address 3608 SW 150 LANE ROAD OCALA, FL 34473
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03222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 02-0589214	Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LASANTA, RAUL E
3608 SW 150 LANE ROAD
OCALA, FL 34473

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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 Raul Lasanta **DATE** 3/26/07

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

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

1100000681704
4/04/07-80055-012 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	REV. LASANTA, RAUL E PASTOR 3608 SW 150 LN RD OCALA, FL 34473
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIAC DENNIS, FRANKLIN 19741 SW, RAINBOW LAKE BOULEVARD DUNNELLON, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HERNANDEZ, GLORIA 2526 SW 152 LANE OCALA, FL 34473
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR LASANTA, CLARIBEL 3608 SW 150 LN RD OCALA, FL 34473
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIAC VEGA, JOSE 2526 SW 152 LANE OCALA, FL 34473
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Raul Lasanta **DATE** 3/26/07 **352 245-6310**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR