

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-14-2005 90079 013 *****61.00
N06684

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SECRET
TALLAHASSEE, FL 32301

DOCUMENT # N06684 1. Entity Name LA IGLESIA BAUTISTA BETANIA DE DELAND, INC.					
Principal Place of Business % REV CARLOS M ESQUIVEL 1114 S. PEARL ST. DELAND, FL 32720			Mailing Address % REV CARLOS M ESQUIVEL 1114 S. PEARL ST PO BOX 2482 DELAND, FL 32720 <div style="text-align: right; font-weight: bold;">32721</div>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2500149	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESQUIVEL, CARLOS M 1114 S PEARL ST DELAND, FL 32720			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESQUIVEL, CARLOS M		NAME		
STREET ADDRESS	1114 A PEARL ST		STREET ADDRESS		
CITY - ST - ZIP	DELAND, FL		CITY - ST - ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESQUIVEL, LIGIA		NAME		
STREET ADDRESS	1114 S PEARL ST		STREET ADDRESS		
CITY - ST - ZIP	DELAND, FL		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIAZ, LEONOR		NAME		
STREET ADDRESS	PO BOX 414 N/A		STREET ADDRESS		
CITY - ST - ZIP	BARBERVILLE, FL		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORALES, DIAMANTINA		NAME		
STREET ADDRESS	PO BOX 300 N/A		STREET ADDRESS		
CITY - ST - ZIP	SEVILLE, FL		CITY - ST - ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIAZ, GERARDO		NAME		
STREET ADDRESS	PO BOX 414 N/A		STREET ADDRESS		
CITY - ST - ZIP	BARBERVILLE, FL		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Rev. Carlos M. Esquivel</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/9/05 <small>Date</small>		
			<small>Daytime Phone #</small>		