


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

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N06684
 1. Entity Name
LA IGLESIA BAUTISTA BETANIA DE DELAND, INC.



Principal Place of Business Mailing Address
 % REV CARLOS M ESQUIVEL
 1114 S. PEARL ST.
 DELAND FL 32720
 C/O REV CARLOS M ESQUIVEL
 P.O. BOX 2482
 DELAND FL 32721



2. Principal Place of Business 3. Mailing Address
 Suite, Apt #, etc Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/05)
 4. FEI Number **59-2500149** Applied For Not Applicable
 5. Certificate of Status Desired \$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 _____ (NOTE: Registered Agent signature required when reinstalling) 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
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"/> Add	
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"/> Add	
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"/> Add	
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"/> Add	
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"/> Add	
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 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: *Rev. Carlos M. Esquivel* **4/20/06 386 938 26 23**