

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N06684

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



Principal Place of Business
**% REV CARLOS M ESQUIVEL
114 S. PEARL ST.
DELAND, FL 32720**

Mailing Address
**C/O REV CARLOS M ESQUIVEL
P.O. BOX 2482
DELAND, FL 32721**



05132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2500149	Applied For <input type="checkbox"/> Not Applicable
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**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ESQUIVEL, CARLOS M
STREET ADDRESS 1114 A PEARL ST
CITY-ST-ZIP DELAND, FL

TITLE VPD
NAME ESQUIVEL, LIGIA
STREET ADDRESS 1114 S PEARL ST
CITY-ST-ZIP DELAND, FL

TITLE SD
NAME DIAZ, LEONOR
STREET ADDRESS PO BOX 414 N/A
CITY-ST-ZIP BARBERVILLE, FL

TITLE TD
NAME MORALES, DIAMANTINA
STREET ADDRESS PO BOX 300 N/A
CITY-ST-ZIP SEVILLE, FL

TITLE VTD
NAME DIAZ, GERARDO
STREET ADDRESS PO BOX 414 N/A
CITY-ST-ZIP BARBERVILLE, FL

TITLE BOM
NAME MENDEZ, CARLOS
STREET ADDRESS 1100 GLENNWOOD TR
CITY-ST-ZIP DELAND, FL 32720

000000764244
05/30/07-80051-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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 persons empowered.

SIGNATURE: Rev. Carlos M. Esquivel 5/13/07 386 738 2623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #