

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 16, 2008 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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

06032008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2500149**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESQUIVEL, CARLOS M  
1114 S PEARL ST  
DELAND, FL 32720**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 12, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  Change  Addition  
NAME **U00000953180**  
STREET ADDRESS **06/16/08-80002-025 61.25**  
CITY- ST- ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE  Change  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 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: \_\_\_\_\_

**CARLOS M. ESQUIVEL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-11-08**

Date

**386 738 2653**

Daytime Phone #