

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

**FILED**  
**Jun 16, 2008 08:00 AM**  
**Secretary of State**



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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ESQUIVEL, CARLOS M	
STREET ADDRESS	1114 A PEARL ST	
CITY - ST - ZIP	DELAND, FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ESQUIVEL, LIGIA	
STREET ADDRESS	1114 S PEARL ST	
CITY - ST - ZIP	DELAND, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DIAZ, LEONOR	
STREET ADDRESS	PO BOX 414 N/A	
CITY - ST - ZIP	BARBERVILLE, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MORALES, DIAMANTINA	
STREET ADDRESS	PO BOX 300 N/A	
CITY - ST - ZIP	SEVILLE, FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	DIAZ, GERARDO	
STREET ADDRESS	PO BOX 414 N/A	
CITY - ST - ZIP	BARBERVILLE, FL	
TITLE	BOM	<input type="checkbox"/> Delete
NAME	MENDEZ, CARLOS	
STREET ADDRESS	1100 GLENNWOOD TR	
CITY - ST - ZIP	DELAND, FL 32720	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000953180
STREET ADDRESS	06/16/08-80002-025 61.25
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #