

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06684

FILED
Mar 20, 2009
Secretary of State

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

Current Principal Place of Business:

% REV CARLOS M ESQUIVEL
114 S. PEARL ST.
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2500149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ESQUIVEL, CARLOS M,
Address: 1114 A PEARL ST
City-St-Zip: DELAND, FL

Title: VPD () Delete
Name: ESQUIVEL, LIGIA,
Address: 1114 S PEARL ST
City-St-Zip: DELAND, FL

Title: SD () Delete
Name: DIAZ, LEONOR,
Address: PO BOX 414 N/A
City-St-Zip: BARBERVILLE, FL

Title: TD () Delete
Name: MORALES, DIAMANTINA,
Address: PO BOX 300 N/A
City-St-Zip: SEVILLE, FL

Title: VTD () Delete
Name: DIAZ, GERARDO,
Address: PO BOX 414 N/A
City-St-Zip: BARBERVILLE, FL

Title: BOM (X) Delete
Name: MENDEZ, CARLOS
Address: 1100 GLENNWOOD TR
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS M ESQUIVEL

PD

03/20/2009

Electronic Signature of Signing Officer or Director

Date