


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90266 018 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000002136**

1. Corporation Name

**SEGUNDA IGLESIA BAUTISTA HISPANA DE DELTONA (ABC), INC.**

Principal Place of Business

1870 PROVIDENCE BLVD.  
SUITE B  
DELTONA FL 32725

Mailing Address

502 TACOMA AVE.  
DELTONA FL 32725



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/27/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3244059	
24 Country		29 Country		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>PEREZ, ROBERTO</b> <b>502 TACOMA AVE.</b> <b>DELTONA FL 32725-8333</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PEREZ, ROBERTO				
STREET ADDRESS	502 TACOMA AVE.				
CITY-ST-ZIP	DELTONA FL 32725-8333				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	SALDIVAS, RAMON				
STREET ADDRESS	1319 FERENDINA ST.				
CITY-ST-ZIP	DELTONA FL 32725				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	ALVARADO, TONY				
STREET ADDRESS	1957 LA RUE AVE.				
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