

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N9400002136

1. Corporation Name

SEGUNDA IGLESIA BAUTISTA HISPANA DE DELTONA (ABC

Principal Place of Business
1870 PROVIDENCE BLVD.
SUITE B

Mailing Address

502 TACOMA AVE.

FILED Mar 10, 1999 8:00 am secretary of State

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

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DELTONA FL 3	2725	DELIGNA PL 32725				4 108/1/8/ 8/8 19/1/ 8/8// 1 0/1/ 8/8/		 	
	lace of Business	2a. Mailing Address			\dashv	3. Date incorporated or Qualifect 04/27/1994	t	<u> </u>	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number 59-3244059		 	olied For
22						Ja 0244000		\$8.75 A	Applicable
City & State	e	City & State			l	5. Certifcate of Status Desired	X	Fee Re	
Zip	Country	Zip	Countr	y		6. Election Campaign Financing		\$5.00	May Be
24	25		10			Trust Fund Contribution	'	Added to	Fees
	9. Name and Address of Curren	t Registered Agent		_	1	10. Name and Address of New	Registere	d Agent	
			8	Name					
PEREZ, RO	OBERTO		82	Street	Address	(P.O. Box Number is Not Accep	table)		_
502 TACO									
	FL 32725-8333		83	3					
			84	City			F	85 Zip C	ode
				<u> </u>		A.			registered
office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	monzea o	INE COID	corpora pration's	tion submits this statement for the sound of directors. I hereby according to the sound of directors and the sound of directors.	e purpose of ept the app	ointment as rec	gistered
SIGNATURE		WOTE 5	7	-t -i-noture -	non ilmad uda	nen reinstating)	DATE		
	Signature, typed or printed name of registered agen	D DIRECTORS	13.	ent signature r	equirea wn	ADDITIONS/CHANGES TO O		AND DIRECTO	RS IN 12
12.	D OFFICERS AN	□ DELETE	1,1 TITLE	_		7,557,767,77		☐ Change	Addition
TITLE NAME	PEREZ, ROBERTO	C Secric	1.2 NAME					,	
STREET ADDRESS	502 TACOMA AVE.			ET ADORESS					
	DELTONA FL 32725-8333		1.4 CITY-						
CITY-ST-ZIP	T	☐ DELETE	2.1 TITLE		T			Change	Addition
NAME	SALDIVIAS, RAMON		2.2 NAME		,	SANCHEZ, ALIDA			
STREET ADDRESS	ADAG ECDENIDINA OF		2.3 STRE	ET ADDRESS	<u> </u>	917 VICKSBURG AVE	•		
CITY-ST-ZIP	DELTONA FL 32725		2.4 CITY-	ST-ZIP		DELTONA, FL 32725			
TITLE	PD	☐ DELETE	3.1 TITLE		PD	~·· ··		Change	Addition
NAME	ALVARADO, TONY		3.2 NAME			VELEZ, JESUS			
STREET ADDRESS	ACCULANCE		3.3 STRE	ET ADDRESS	1	966 CHIPPENDALE S	т.		
CITY-ST-ZIP	DELTONA FL 32725		3.4. CITY-	ST-ZIP		DELTONA, FL 32725			<u> </u>
TITLE		☐ DELETE	4.1 TITLE				•	☐ Change	☐ Addition
NAME			4. 2 NAMI						
STREET ADDRESS			4.3 STRE	ET ADØRESS					
CITY-ST-ZIP			4.4 CITY-		<u> </u>				□ 8 339
TITLE		☐ DELETE	5.1 TITLE					☐ Change	☐ Addition
NAME			5.2 NAME		1				
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			5.4 CITY- 6.1 TITLE					Change	☐ Addition
TITLE		☐ DELETE			1			C olleride	
NAME			6.2 NAME		ĺ				
STREET ADDRESS)		6.3 STRE	et address	1				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

沢EQUIRED SIGNING OFFICER OR DIRECTOR

DIRECTOR MARCH 3/99 4:00 PM (407)574-7977

Daytime Phone #