


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000002136 1. Entity Name SEGUNDA IGLESIA BAUTISTA HISPANA DE DELTONA (ABC), INC.	
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Principal Place of Business 502 TACOMA AVE DELTONA, FL 32725	Mailing Address 502 TACOMA AVE. DELTONA, FL 32725
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DO NOT WRITE IN THIS SPACE



04112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3244059	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PEREZ, ROBERTO
502 TACOMA AVE.
DELTONA, FL 32725-8333**

**DO NOT WRITE
IN THIS SPACE**

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 *Roberto Perez* **PRESIDENT** 4/11/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, ROBERTO 502 TACOMA AVE. DELTONA, FL 327258333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MENDOZA, ISAAC 1421 SECTION LANE TER DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALEZ, JESUS 986 CHIPPENDALE ST DELTONA, FL 32725
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/26/07-80047-003 70.00

**DO NOT WRITE
IN THIS SPACE**

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: *Roberto Perez* **Roberto Perez** 4/11/07 (386) 574-7977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #