

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90026 013 ****70.00

DOCUMENT # N94000002136

1. Entity Name

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



Principal Place of Business

**502 TACOMA AVE
DELTONA FL 32725**

Mailing Address

**502 TACOMA AVE.
DELTONA FL 32725**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3244059

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

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

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

Robert Perez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/25/08

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 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 **D** ☐ Delete
NAME **PEREZ, ROBERTO**
STREET ADDRESS **502 TACOMA AVE.**
CITY-ST-ZIP **DELTONA FL 32725-8333**

TITLE **T** ☐ Delete
NAME **MENDOZA, ISAAC**
STREET ADDRESS **1421 SECTION LANE TER**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **PD** ☒ Delete
NAME **VALEZ, JESUS**
STREET ADDRESS **966 CHIPPENDALE ST**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/D** ☒ Change ☐ Addition
NAME **Perez Roberto**
STREET ADDRESS **502 Tacoma Ave.**
CITY-ST-ZIP **Deltona FL 32725**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S/D** ☐ Change ☒ Addition
NAME **Leida Perez**
STREET ADDRESS **502 Tacoma Ave.**
CITY-ST-ZIP **Deltona FL 32725**

TITLE **D** ☐ Change ☒ Addition
NAME **Malaquias Bosques**
STREET ADDRESS **502 Tacoma Ave.**
CITY-ST-ZIP **Deltona FL 32725**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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:

Robert Perez - PRESIDENT

3/25/08

386-575-0461