

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000004136

1. Entity Name
CENTRO DE ADORACION BET-EL, INC.



Principal Place of Business
505 N. VALRICO ROAD
VALRICO, FL 33594 US

Mailing Address
505 N. VALRICO ROAD
VALRICO, FL 33594 US

FILED
06 JUL -7 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07042006 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3331054

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VELASQUEZ, JOEL A
505 N. VALRICO ROAD
VALRICO, FL 33594

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALASQUEZ, JOSE 530 TUSCANNY STREET BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, PEDRO 1911 PLANTATION KEY DR. BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VELASQUEZ, JOSEFA E. 530 TUSCANNY STREET BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSQUERA, GONZALO 15007 EAGLE PARK PLACE LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VELASQUEZ, JOEL A 530 TUSCANNY STREET BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIVERA, ELBA 410 BONNIE VIEW DR VALRICO, FL 33594

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JC 7/11

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 any other like empowered.

SIGNATURE:

Jose Velasquez Jose Velasquez

Date

7/4/06

Daytime Phone #

(813) 662-0855