

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000638

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** ASOCIACION DE IGLESIAS BAUTISTAS HISPANAS DE FLORIDA ABC, INC.

**Current Principal Place of Business:**

2160 N. HIAWASSEE RD.  
ORLANDO, FL 32818

**New Principal Place of Business:**

1651 DOYLE RD  
DELTONA, FL 32725

**Current Mailing Address:**

1329 SECTION LINE TR.  
DELTONA, FL 32725

**New Mailing Address:**

**FEI Number:** 59-3371969

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ORTIZ, RUBEN REV.  
1651 DOYLE RD.  
DELTONA, FL 32725 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SOTO, FERNANDO PASTOR  
Address: 2160 N. HIAWASSEE RD.  
City-St-Zip: ORLANDO, FL 32818

Title: S ( ) Delete  
Name: ORTIZ, RUBEN N REV.  
Address: 1651 DOYLE RD.  
City-St-Zip: DELTONA, FL 32725

Title: VP ( ) Delete  
Name: RIVERA, JOSE E  
Address: 435 FERN MEADOW  
City-St-Zip: LOOP OCOEE, FL 34721

Title: T ( ) Delete  
Name: BADILLO, EDWIN R  
Address: 1053 HEMINGWAY DR.  
City-St-Zip: DELTONA, FL 32725

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ORTIZ, RUBEN N REV  
Address: 1651 DOYLE RD.  
City-St-Zip: DELTONA, FL 32725

Title: VP (X) Change ( ) Addition  
Name: RIVERA, JOSE N  
Address: 435 FERN MEADOW  
City-St-Zip: LOOP OCOEE, FL 34721

Title: SEC (X) Change ( ) Addition  
Name: REYES, EFRAIN E REV  
Address: 1651 DOULE RD  
City-St-Zip: DELTONA, FL 32725

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBEN ORTIZ

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date