

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006787

**Entity Name:** IGLESIA BAUTISTA ANASTASIS, INC.

**Current Principal Place of Business:**

2740 DOYLE RD.  
DELTONA, FL 32738

**Current Mailing Address:**

2740 DOYLE RD.  
DELTONA, FL 32738

**FEI Number: 26-0511699**

**Certificate of Status Desired: No**

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

SANABRIA, EFRAIN  
819 LAUREL LEAF ST  
ORANGE CITY, FL 32763 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MENDEZ, CARLOS A. JR.  
Address        1430 FORT SMITH BLVD.  
City-State-Zip: DELTONA FL 32725

Title            VP  
Name            SANABRIA, EFRAIN  
Address        819 LAUREL LEAF AVE.  
City-State-Zip: ORANGE CITY FL 32763

Title            SEC.  
Name            MENDEZ, ELSIE  
Address        1430 FORT SMITH BLVD.  
City-State-Zip: DELTONA FL 32725

Title            ASSISTANT TREASURER  
Name            SANCHEZ, JOSEFINA  
Address        2337 GREENBRIER ST  
City-State-Zip: DELTONA FL 32725

Title            ST  
Name            VELAZQUEZ, JOVINO  
Address        347 HERITAGE ESTATES LN  
City-State-Zip: DELAND FL 32720

Title            ST  
Name            OCASIO, NIRMA  
Address        969 W. EMBASSY DR  
City-State-Zip: DELTONA FL 32725

*I hereby 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 all other like empowered.*

**SIGNATURE: CARLOS A. MENDEZ**

**PRESIDENT**

**01/31/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date