## **2008 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## **DOCUMENT # N06000002586**

**SIGNATURE:** 



FILED Apr 03, 2008 8:00 am Secretary of State

3/27/08 (353) 687-805

TITLE   Change   Addition	PRIMER	A IGLESIA CRISTIANA REM	MANENTE FIEL, INC	<b>C</b> .			C	4-03-2008	90023 (	,30	0.00
Surte, Apt. #, etc.    Surte, Apt. #, etc.	1800 NE 8TH ROAD 1800 NE 8TH ROAD						È (3 <b>88</b> 1181 ON <b>8811</b> 0	Om 188 188 188			
City & State  Country  Country  Country  Country  S. Contrictate of Status Desired  City & State Desired Address of Now Registered Agent  City & FL Zip Code  S. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signal Turn of Florida Department of State  Filling Fene is \$41.25  Due by Blay 1, 2008  PREVIES, ERICK R  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  OFFICERS AND DIRECTORS I	Principal Place of Business - No P.O. Box #     3. Mailing Address										
Zip Country	Suite, Apt	#. etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			03262008 <sub>C</sub>	hg-NP	CR2E0	37 (12/06)	
S. Name and Address of Current Registered Agent  FREYTES, ERICK R 70 DOGWOOD DRIVE CIRCLE  CRY  CRY  FL  Zip Code  CRY  CRY  CRY  CRY  CRY  CRY  CRY  CR	City & Sta	<b>6</b>	City & State					6			<del>-i</del>
Name	Zip	Country Zip		Cou	entry						
FREYTES, ERICK R 70 DOGWOODD DRIVE CIRCLE  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  Cit		6. Name and Address of Current	Registered Agent				7. Name and Add	ress of New R	egistered	Agent	
TO DOGWOOD DRIVE CIRCLE  OCALA, FL 34472  City  City  FL  Zip Code	EDEVTE	EDICK D			Name						
Signature of the obligations of 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. I am familiar with, and accept the obligations of registered agent.  Signature of 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 of 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 of 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 of Florida obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature of Florida obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of Florida obligations.  Signature of Florida obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Filing Fee is \$81.25  Due by Make check possible to Florida obligations of Florida obligations of Florida obligations of Florida obligations. In the Florida obligation of Florida obligations	70 DOGW	OOD DRIVE CIRCLE		Street Address			(P.O. Box Number is Not Acceptable)				
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					City			•	EI	Zip Cod	le .
SIGNATURE    Signature   Signa										-	
Filling Foe is \$61.25 Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE MAKE SIRET JORESS SIRET J			r the purpose of changing it	s registere	ed office o	r registere	ed agent, or both, in	the State of Flo	rida. Iam	familiar with,	and accept
Filling Foe is \$61.25 Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE MAKE SIRET JORESS SIRET J											
Trust Fund Contribution. Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   P	SIGNATURE	Signature, typed or printed name of registered agent of	and title if applicable (NC	TE: Registered	i Agent signa	ture required	when reinstating)		DATE		
Trust Fund Contribution. Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   P							<u> </u>				
TITLE NAME PREYTES, ERICK R PO BOX 1873 BELLEVIEW, FL 34421  TITLE NAME 16580 SW 47T H STREET OCALA, FL 34481  TITLE NAME SIREFLADORESS CITY-ST-ZIP  TITLE NAME 16580 SW 47T H PLACE ROAD OCALA, FL 34481  TITLE NAME SIREFLADORESS CITY-ST-ZIP  TITLE NAME SIREFLAD				· · · · · · · · · · · · · · · · · · ·							
NAME SIRET ADDRESS CITY-SI-ZIP  REYTES, ERICK R PO BOX 1873 BELLEVIEW, FL 34421  TITLE VP/T RAMOS, BIENVENIDO 16580 SW 47TH STREET OCALA, FL 34481  TITLE SIRET ADDRESS CITY-SI-ZIP  Delete TITLE SIRET ADDRESS CITY-SI-ZIP  TITLE SIRET ADDRESS CITY-SI-ZIP SIRET ADDRESS CITY-SI-ZIP  TITLE SIRET ADDRESS CITY-SI-ZIP SIRE	10.		ECTORS	11.		Α	DDITIONS/CHANG	ES TO OFFICE	RS AND DI	RECTORS IN	l 10
SIRET ADDRESS CITY-ST-ZIP  TITLE  VPT RAMOS, BIENVENIDO 16580 SW 47TH STREET OCALA, FL 34481  TITLE  SIRET ADDRESS CITY-ST-ZIP  DIAZ, BRENDA 18160 SW 47TH PLACE ROAD OCALA, FL 34481  TITLE  SIRET ADDRESS CITY-ST-ZIP  TITLE  MAME SIRET ADDRESS CITY-ST-ZIP  TITLE  MATE SIRET ADDRESS		·	☐ Delete							Change	☐ Addition
CITY-SI-ZIP    CITY-SI-ZIP		1									
TITLE NAME RAMOS, BIENVENIDO   Delete   MAME RAMOS, BIENVENIDO   STREF ADDRESS   SERVENIDO   SERVENIDO   STREF ADDRESS   SERVENIDO   STREF ADDRESS   SERVENIDO   S											
NAME STREET ADDRESS CITY-ST-ZIP COALA, FL 34481  TILE SIREET ADDRESS CITY-ST-ZIP DIAZ, BRENDA STREET ADDRESS CITY-ST-ZIP DIAZ, BRENDA STREET ADDRESS CITY-ST-ZIP Delete TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CIT				_		VD		<del></del>			
STREET ADDRESS   16580 SW 47TH STREET   STREET ADDRESS   CITY-SI-ZIP   OCALA, FL 34481   TITLE   NAME   DIAZ, BRENDA   STREET ADDRESS   STREET ADDRESS   CITY-SI-ZIP   OCALA, FL 34481   TITLE   NAME   STREET ADDRESS   CITY-SI-ZIP   OCALA, FL 34481   TITLE   NAME   STREET ADDRESS   CITY-SI-ZIP   OCALA, FL 34481   TITLE   TIT						1	D:			DEC Change	Addition
CITY-SI-ZIP OCALA, FL 34481  CITY-SI-ZIP OCALA, FL 34481  CITY-SI-ZIP OCALA, FL 34481  CITY-SI-ZIP OCALA, FL 34481  CITY-SI-ZIP COCALA, FL 34481  CITY-SI-ZIP COCALA, FL 34481  CITY-SI-ZIP  TITLE NAME SIREET ADDRESS CITY-SI-ZIP  TITLE NAME SIREET ADDRESS CITY-SI-ZIP  TITLE		I -				Kai	ROS, Blenv	/enido / mu c+	+		
TITLE NAME DIAZ, BRENDA   Delete   TITLE NAME   Change   Addition   STREET ADDRESS   CITY-ST-ZIP   Delete   TITLE   TOURS   DELET ADDRESS   CITY-ST-ZIP   TITLE   Delete   TITLE   Delete   TITLE   TANALE   STREET ADDRESS   CITY-ST-ZIP   TITLE   Delete   TITLE   TANALE   Delete   TITLE   TANALE   Delete   TITLE   TANALE   TITLE   TANALE   TITLE   TANALE   TITLE   TANALE   TITLE   THE   Delete   TITLE   THE   Delete   TITLE   THE   Delete   TITLE   THE   Delete   TITLE   THE   DELET ADDRESS   THEET ADDRESS   CITY-ST-ZIP   THE   Delete   TITLE   THE   DELET ADDRESS   THEET ADDRESS   THEE	CITY-ST-ZIP								reet		
NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRES	TITLE	S	☐ Delete	TITLE			<u> </u>	J4401		Channe	☐ Addition
CITY-ST-ZIP  CHANGE  STREET ADDRESS  CITY-ST-ZIP  CHANGE  Addition  Addition  Addition  Addition  Addition  Addition  Change  Addition  Addition  Addition  Change  Addition  Addition  Change  Change  Addition  Change  Change  Addition  Change  Change  Addition  Change  Change  Change  Addition  Change  Change  Addition	NAME	DIAZ, BRENDA		NAME	:						
TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CIT		16160 SW 47TH PLACE ROAD		STREE	T ADDRESS	[					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRES	CITY-ST-ZIP	OCALA, FL 34481	····	CITY-	ST-ZIP						
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information inclinated on this report or supplemental report is the and accounts and that the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information inclinated on this report or supplemental report is the and accounts and that the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information inclinated on this report or supplemental report is the and accounts and that the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information			Delete	TITLE		1		<u>-</u>		Change	Addition
CITY-ST-ZIP											•
TITLE Deleta DELETA  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 the and accurate and the recompliance contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is the and accurate and the recompliance contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is the and accurate and the recompliance contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is the and accurate and the recompliance contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is the and accurate and the recompliance contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is the and accurate and the recompliance contained in Chapter 119, Florida Statutes.						1 Ce	edar_Trac	e Terr	•		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Delete NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 the and accurate and that the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information				<del></del>		oca.	La, t'L.	344/2			
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 the and accurate and that the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information			∐ Deleta							Change	☐ Addition
CITY-ST-ZIP  CITY-											
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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is the and occurred and that the information indicated on this report or supplemental report is the and occurred and that the information indicated on this report or supplemental report is the and occurred and that the information indicated on this report or supplemental report is the and occurred and that the information indicated on this report or supplemental report is the and occurred and that the information indicated on this report or supplemental report is the and occurred and that the information indicated on this report or supplemental report is the and occurred and that the information indicated on this report or supplemental report is the and occurred and that the information indicated on this report or supplemental report is the and occurred and that the information indicated on this report or supplemental report is the and occurred and that the information indicated on this report or supplemental report is the and occurred and that the information indicated on the contract of the co	CITY-ST-ZIP										
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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is the and occurred and that the information indicated on this report or supplemental report is the and occurred and that the information indicated on this report or supplemental report is the and occurred and that the information indicated on this report or supplemental report is the and occurred and that the information indicated on this report or supplemental report is the and occurred and that the information indicated on this report or supplemental report is the and occurred and that the information indicated on this report or supplemental report is the and occurred and that the information indicated on this report or supplemental report is the and occurred and that the information indicated on this report or supplemental report is the and occurred and that the information indicated on this report or supplemental report is the and occurred and that the information indicated on this report or supplemental report is the and occurred and that the information indicated on the contract of the co	TITLE		☐ ∩elete	—				···		Channa	☐ åddillo-
STREET ADDRESS  CITY-ST-ZIP  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 the and occurred and that the electric shell between the contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is the and occurred and that the electric shell between the contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is the and occurred and that the electric shell between the contained in Chapter 119, Florida Statutes.	NAME										
12. I hereby certify that the information supplied with this filing closs 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 the and occurred and that the electric sheet the statute of the sta	STREET ADDRESS										
	CITY-ST-ZIP			CITY-	ST-ZIP						

SKITED NAME OF SIGNING OFFICER OR DIRECTOR