## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

## Apr 25, 2007 8:00 am Secretary of State **DOCUMENT # N04000010057** 04-25-2007 90197 042 \*\*\*\*75 00 IGLESIA TORRE DE ORACION : INC. Principal Place of Business Mailing Address danorz 159 MARION OAKS DRIVE 4275 W HWY 40TH OCALA FL 34482 OCALA, FL 34473 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172007 Chq-NP CR2E037 (12/06) City & State Applied For City & State 4. FEI Number 20-1294943 Not Applicable Zip Country \$8.75 Additional $\Box$ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAMOS, PAUL L Street Address (P.O. Box Number is Not Acceptable) 159 MARION OAKS DR OCALA, FL 34473 City 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 Signature, typed or conted name of registered agent and title if explicable (NOTE: Registered Agent signsture required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Delete MILE ☐ Addition LUCENA, JOSE D NAME NAME STREET ADDRESS 159 MARION OAKS DR STREET ADDRESS PLEASE SEND CERTIFICATE WITH CITY-ST-ZIP OCALA, FL 34473 CITY-ST-ZIP MLE Delete MLE Addition LUCENA, WENDELINE NAME NAME STREET ADDRESS 159 MARION OAKS DR STREET ADDRESS , CITY-ST-ZIP OCALA, FL 34473 CITY-ST-7IP TITLE ☐ Delete mn e Addition POLANCO, KELLY NAME NAME VAME 159 MARION OAKS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34473 CITY-ST-ZIP IIILE ☐ Delete TILLE Addition IRIZARRY, MADELINE NAME NAME Iglesia Torre De Oracion, IN. STREET ADDRESS P.O. BOX 357162 STREET ADDRESS GAINESVILLE, FL 32635 CITY-ST-7IP CITY-ST-7!P 4275 W. Hwy 40 Ocala, FL. 34482 (352) 347-0083 me ☐ Detete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE I Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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

**FILED** 

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IGLESIA	TORRE DE C		10057 INC.			ATTAA	\	
Principal Place of Business 4275 W HWY 40TH OCALA, FL 34482		Mailing Address 159 MARION OAKS DRIVE OCALA, FL 34473		ATTACHMENT HOD8 1483				
	Place of Business -	No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.  City & State			-NP CF	R2E037 (12/06)		
City & State  Zip Country		Zip	Country	1 20 1201012		ot Applic		
			nt Registered Agent	1	Certificate of State     Name and Addre		Fee Requir	
544400 5			III Nogratareo Again	Name	7. Name and Addre	as or new regis:	tered Agent	
RAMOS, F 159 MARIO OCALA, FI	ON OAKS DR			Street Addres	ss (P.O. Box Number is No	t Acceptable)		
				City			FL Zip Coo	de
	Filing Fee is \$	t64 25	6 Floriton Co.					
	Due by May 1	, 2007	Trust Fund	mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Florida E	check payable Department of S	State
<b>10.</b>			Trust Fund 6			Florida E	Department of S	State N 10
		, 2007 OFFICERS AND D D AKS DR	Trust Fund	Contribution.	Added to Fees	Florida E	Department of S	State
TITLE NAME STREET ADORESS	P LUCENA, JOSE 159 MARION O	, 2007  OFFICERS AND E  D AKS DR  173  DELINE  AKS DR	Trust Fund 6	Contribution.   11.  TITLE  NAME  STREET ADDRESS	Added to Fees	Florida E	Department of S	State N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P LUCENA, JOSE 159 MARION O. OCALA, FL 344 T LUCENA, WENI 159 MARION O.	, 2007 OFFICERS AND D AKS DR 173 DELINE AKS DR 173 LLY AKS DR	Trust Fund o	CONTRIBUTION.	Added to Fees	Florida E	Department of S  ND DIRECTORS If  Change	N 10
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