

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90197 042 \*\*\*\*75.00

<b>DOCUMENT # N04000010057</b> 1. Entity Name <b>IGLESIA TORRE DE ORACION INC.</b>																																																																																																																													
Principal Place of Business <b>4275 W HWY 40TH OCALA, FL 34482</b>			Mailing Address <b>159 MARION OAKS DRIVE OCALA, FL 34473</b>																																																																																																																										
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6. Name and Address of Current Registered Agent  <b>RAMOS, PAUL L 159 MARION OAKS DR OCALA, FL 34473</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																									
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																									
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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 all other like empowered.																																																																																																																													
<b>SIGNATURE:</b> <u>Jose D Lucena</u> <b>JOSE D. LUCENA</b> <u>4-23-07</u> <u>3470083</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													

PLEASE SEND  
CERTIFICATE  
WITH  
NAME  
(Iglesia Torre De Oracion, INC.)  
4275 W. Hwy 40  
Ocala, FL. 34482  
(352) 347-0083  
Lucena

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N04000010057**

1. Entity Name  
IGLESIA TORRE DE ORACION, INC.



Principal Place of Business  
4275 W HWY 40TH  
OCALA, FL 34482

Mailing Address  
159 MARION OAKS DRIVE  
OCALA, FL 34473

**ATTACHMENT**  
**40081483**

04172007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number 20-1294943		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RAMOS, PAUL L 159 MARION OAKS DR OCALA, FL 34473		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #