

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000002835**

1. Entity Name  
**PRIMERA IGLESIA BAUTISTA HISPANA DE MARION  
OAKS, INC.**



Principal Place of Business  
**162 MARION OAKS MANOR  
OCALA, FL 34473 US**

Mailing Address  
**162 MARION OAKS MANOR  
OCALA, FL 34473 US**

**DO NOT WRITE IN THIS SPACE**



04052006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3234196**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**REYES, JOEL  
4771 SW 148TH ST  
OCALA, FL 34473**

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IN THIS SPACE**

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 reinstating)

DATE

**4/7/06**

**Filing Fee is \$81.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	REYES, EDWIN
STREET ADDRESS	13645 SW 48TH CT
CITY- ST- ZIP	OCALA, FL 34473
TITLE	DP
NAME	HERRERA, JACOB
STREET ADDRESS	6900 SW 19TH AVE. RD.
CITY- ST- ZIP	OCALA, FL 34474
TITLE	SD
NAME	REYES, AMPARO
STREET ADDRESS	4771 SW 148TH ST.
CITY- ST- ZIP	OCALA, FL 34473
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1000000497175  
04/22/06-80037-020 70.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

**Charles Rosario** **CHARLES ROSARIO**

**(352) 245-7354**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #