


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000002835</b>	
1. Entity Name <b>PRIMERA IGLESIA BAUTISTA HISPANA DE MARION OAKS, INC.</b>	

Principal Place of Business <b>162 MARION OAKS MANOR OCALA, FL 34473 US</b>	Mailing Address <b>162 MARION OAKS MANOR OCALA, FL 34473 US</b>
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**DO NOT WRITE IN THIS SPACE**

**(N94000002835N)**

01092008 No Chg-NP CR2E037 (4/08)

4. FEI Number <b>59-3234196</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE 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: *Joel Reyes* (NOTE: Registered Agent signature required when reinstating) DATE: 1/14/08

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>\$161.25</b>
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10. OFFICERS AND DIRECTORS

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

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02/04/08-80010-019 70:00

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: *Chris Reyes* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-14-08 Daytime Phone #