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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005398 (1)

1. Corporation Name
IGLESIA BAUTISTA NAZARET, INC.



Principal Place of Business
2920 SOUTHEAST 62ND STREET
OCALA FL 34480

Mailing Address
2920 SOUTHEAST 62ND STREET
OCALA FL 34480-8037

3. Date Incorporated or Qualified 11/13/1995
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

4. FEI Number 59-3367814
Applied For Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FAURE, MIGUEL
46 TEAK RUN
OCALA FL 34472

81 Name Luzuriaga, Webster
82 Street Address (P.O. Box Number is Not Acceptable) 1349 S.E. 18 th. Place
83 Ocala, Florida 34471
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE Webster Luzuriaga Register Agent DATE 02-16-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	FAURE, MIGUEL	
STREET ADDRESS	46 TEAK RUN	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTINEZ, ANGEL L	
STREET ADDRESS	6470 NW 60TH COURT	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARRERO, FERNANDO	
STREET ADDRESS	10635 SE 50TH AVENUE	
CITY-ST-ZIP	BELLEVIEW FL 34420	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Director	
1.3 STREET ADDRESS	Webster Luzuriaga	
1.4 CITY-ST-ZIP	1349 S.E. 18 th. Place Ocala, Florida 34471	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Representative Agent	
2.3 STREET ADDRESS	Mildred Espiet	
2.4 CITY-ST-ZIP	7120 S.E. Country Road 42 Summerfield, Florida 34491	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Secretary	
3.3 STREET ADDRESS	Blanca H. Maymi	
3.4 CITY-ST-ZIP	11822 S.E. 123 rd. Ave. Ockalawaha, Florida 32179	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BLANCA H. MAYMI (Blanca H Maymi) 02-05-97 (352) 620-0046

CR2E037 (9/96)