FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # N9500005398

IGLESIA BAUTISTA NAZARET, INC.

Principal Place of Business 2920 SOUTHEAST 62ND STREET Mailing Address



03-04-1999 90250 020 ****61.25

2920 SOUTHEAST 62ND STREET 2920 SOUTHEAST 62ND STR OCALA FL 34480 OCALA FL 34480										
Principal Place of Business 2a. Mailing Address						3. Date Incorporated or Qualife	ed			
21		26	26			11/13/1995				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			4. FEI Number		Applied For		
22	•	27				- 59-3367914		Not Applicable		
City & Sta	te	City & State				5. Certificate of Status Desired See Required				
Zip	Country 25	Zip Zip	30	Country	· <u>-</u> · · · ·	Election Campaign Financin Trust Fund Contribution	¹⁹ 🗆	\$5.00 May Be Added to Fees		
25 29 30 30					10. Name and Address of New Registered Agent					
	V. Hame and Address of Curry	the regional and right		81	Name					
LUZURIAGA, WEBSTER				82	82 Street Address (P.O. Box Number is Not Acceptable)					
1349 S.E. 18TH PLACE OCALA FL 34471				83						
				84			FL			
office or	to the provisions of Sections 617.09 registered agent, or both, in the Stal am familiar with, and accept the obli	ta of Florida Such Ch	iande was autho	rized by	ine corporation	ration submits this statement for t n's board of directors. I hereby ac	he purpose of cept the appo	changing its registered intment as registered		
SIGNATURE		·					DATE			
	Signature, typed or printed name of registered a				signature required			ID DIRECTORS IN 12		
12.	OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				

	Signature, typed or printed name of registered agent and title if applicable	le. (NOTE: Re	gistered Agent signature re			
12.	OFFICERS AND DIRECTORS	3	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF		
TITLE	D	☐ DELETE	1.1 TITLE		Change	Addition
NAME	Luzuriaga, Webster		1.2 NAME		•	
STREET ADDRESS	1349 S.E. 18TH PLA D E.		1.3 STREET ADDRESS			Ì
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	RIVERA, GERMAN		2.2 NAME			
STREET ADDRESS	2137 S. E. 5TH STREET		2.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34471		-2.4 CITY-ST-ZIP			
TITLE	DS	☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME	MAYMI, BLANCA H.		3.2 NAME			
STREET ADDRESS	11822 S.E. 123RD AVE.		3.3 STREET ADDRESS			
CITY-ST-ZIP	OCKALAWAHA FL		3.4. CITY-ST-ZIP	<u> </u>		
TITLE	-	☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 C/TY-ST-ZIP			
TITLE		☐ DEFELE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			;
CITY-ST-ZIP			5.4 CITY+ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME	•		
STREET ADDRESS			6.3 STREET ADDRESS			İ
CITY OF 75D			6.4 CITY-ST-ZIP			

I 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, with all other like empowered.

02-16-1999

(352) 620-0046