
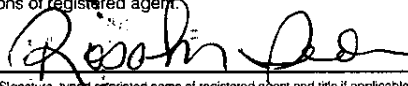
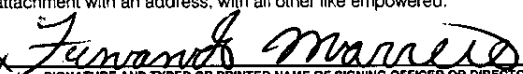


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90296 050 \*\*\*\*61.25

<b>DOCUMENT # N95000005398</b> 1. Entity Name <b>IGLESIA BAUTISTA NAZARET, INC.</b>					
Principal Place of Business 2920 SOUTHEAST 62ND STREET OCALA, FL 34480			Mailing Address 2920 SOUTHEAST 62ND STREET OCALA, FL 34480		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		03232004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number <b>59-3367914</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARRERO, FERNANDO</b> <b>5213 SE 105 PL</b> <b>BELLEVIEW, FL 34420</b>				7. Name and Address of New Registered Agent Name <b>ROSA SEDA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2901 SW 41 ST #3814</b> City <b>OCALA</b> <b>FL</b> Zip Code <b>34474</b>	
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  DATE <b>4-11-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MARRERO, FERNANDO</b> <b>5213 SE 105 PL</b> <b>BELLEVIEW, FL 34420</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>RIVERA, GERMAN</b> <b>2137 S. E. 5TH STREET</b> <b>OCALA, FL 34471</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Delete <b>MAYMI, BLANCA H.</b> <b>11822 S.E. 123RD AVE.</b> <b>OCKALAWAHA, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>SANTOS, LUIS</b> <b>14 ALMOND CT</b> <b>OCALA, FL 34472</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Rosa Seda</b> <b>2901 S.W 41 st #3814</b> <b>Ocala, FL 34474</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 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> 		Date <b>4-11-04</b>		Daytime Phone # <b>203-620-0046</b>	