


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N95000005398

1. Entity 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

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

3. Mailing Address
 Suite, Apt. #, etc.

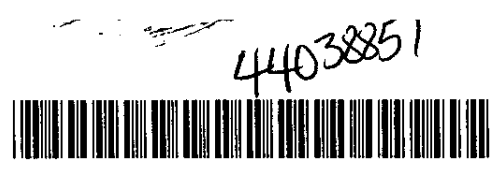
City & State
 Zip Country

4. FEI Number
59-3367914

Applied For
 Not Applicable

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

03232004 Chg-NP CR2E037 (10/03)



6. Name and Address of Current Registered Agent

MARRERO, FERNANDO
 5213 SE 105 PL
 BELLEVIEW, FL 34420

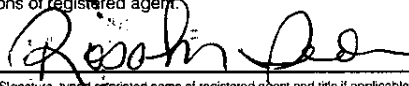
7. Name and Address of New Registered Agent

Name **Rosa SEDA**

Street Address (P.O. Box Number is Not Acceptable)
2901 SW 41 ST #3814

City **OCALA** FL Zip Code **34474**

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 **4-11-04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MARRERO, FERNANDO	
STREET ADDRESS	5213 SE 105 PL	
CITY-ST-ZIP	BELLEVIEW, FL 34420	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERA, GERMAN	
STREET ADDRESS	2137 S. E. 5TH STREET	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MAYMI, BLANCA H.	
STREET ADDRESS	11822 S.E. 123RD AVE.	
CITY-ST-ZIP	OCCALAWAHA, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANTOS, LUIS	
STREET ADDRESS	14 ALMOND CT	
CITY-ST-ZIP	OCALA, FL 34472	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosa Seda	
STREET ADDRESS	2901 S.W 41 ST #3814	
CITY-ST-ZIP	Ocala, FL 34474	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:  DATE: **4-11-04** DAYTIME PHONE #: **203-620-0046**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR