


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000005398 1. Entity Name IGLESIA BAUTISTA NAZARET, INC.	
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Principal Place of Business 2920 SOUTHEAST 62ND STREET OCALA FL 34480	Mailing Address 2920 SOUTHEAST 62ND STREET OCALA FL 34480
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Zip	City & State Zip

4. FEI Number 59-3367914	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SEDA, ROSA 2901 SW 41 ST., #3814 OCALA FL 34474

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
State: FL Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete MARRERO, FERNANDO STREET ADDRESS: 5213 SE 105 PL CITY-ST-ZIP: BELLEVIEW FL 34420
TITLE	D <input type="checkbox"/> Delete RIVERA, GERMAN STREET ADDRESS: 2137 S. E. 5TH STREET CITY-ST-ZIP: OCALA FL 34471
TITLE	DS <input type="checkbox"/> Delete MAYMI, BLANCA H. STREET ADDRESS: 11822 S.E. 123RD AVE. CITY-ST-ZIP: OCCALAWAHA FL
TITLE	D <input type="checkbox"/> Delete SEDA, ROSA STREET ADDRESS: 2901 SW 41 ST., #3814 CITY-ST-ZIP: OCALA FL 34474
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<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)(f), 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: Blanca H. Maymi **BLANCA H. MAYMI CURCH CLERK** Date: **04-19-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davina Phone #