

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # N95000005398**

1. Entity Name

IGLESIA BAUTISTA NAZARET, INC.



**RECEIVED**  
 APR 13, 2006 08:00 AM  
 JAN 31 2006  
 Secretary of State  
 FLORIDA

Principal Place of Business 2920 SOUTHEAST 62ND STREET OCALA FL 34480	Mailing Address 2920 SOUTHEAST 62ND STREET OCALA FL 34480
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number **59-3367914** Applied For  
Not Applicable

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

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
SEDA, ROSA 2901 SW 41 ST., #3814 Ocala FL 34474	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <span style="float: right;"><b>FL</b> Zip Code</span>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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

00000506708  
04/27/06-80034-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 CHURCH CLERK