

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90044 048 \*\*\*\*70.00

<b>DOCUMENT # N95000005398</b> 1. Entity Name IGLESIA BAUTISTA LA NUEVA JERUSALEM OF OCALA, 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
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				7. Name and Address of New Registered Agent	
SEDA, ROSA 2901 SW 41 ST., #3814 OCALA, FL 34474				Name <b>✓ Angel Luis Martinez</b> Street Address (P.O. Box Number is Not Acceptable) <b>✓ 3 Silver Way Ct</b> City <b>✓ Ocala</b> FL Zip Code <b>34472</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 <b>✓ Angel L Martinez</b> <span style="float: right;"><b>✓ 4/5/07</b></span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</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 Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRERO, FERNANDO		NAME	Jorge Mecha	
STREET ADDRESS	5213 SE 105 PL		STREET ADDRESS	26 Bahia Pass Dr	
CITY-ST-ZIP	BELLEVIEW, FL 34420		CITY-ST-ZIP	OCALA, FL 34472	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, GERMAN		NAME	Angel Luis Martinez	
STREET ADDRESS	2137 S. E. 5TH STREET		STREET ADDRESS	3 Silver Way Ct	
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP	OCALA, FL 34472	
TITLE	DS	<input type="checkbox"/> Delete	TITLE		
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 checked="" type="checkbox"/> Delete	TITLE		
NAME	SEDA, ROSA		NAME		
STREET ADDRESS	2901 SW 41 ST., #3814		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34474		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE: ✓ Angel L Martinez</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>✓ 4/5/07 (352) 208-8046</b> <small>Date Daytime Phone #</small>		