2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # N9500005398 1. Entity Name IGLESIA BAUTISTA LA NUEVA JERUSALEM OF OCALA, INC.						14	04-16-20	007 9004	.4 ()48 ****	70.00	
Principal Place of Business 2920 SOUTHEAST 62ND STREET OCALA, FL 34480			Mailing Address 2920 SOUTHEAST 62ND STREET OCALA, FL 34480				,	0000			
2. Principal P	lace of Business - No P.O.	Box # 3. Ma	ailing Address	<u> </u>							
Suite, Apt. #, etc.		S	Suite, Apt. #, etc.				03262007	Chg-NP	CR2	E037 (12/06)	
City & State		С	City & State			4. FEI Number 59-3367914			Applied For Not Applicable		
Zip	Country	Z	ìp	Cou	untry			of Status Desire	_	\$8.75 Add	
	6. Name and Address	of Current Register	red Agent				7. Name and	Address of Ne	w Register	ed Agent	
					Name	1 1/2	/ 1	is n	arti	100	
1 '	/1-ST:, #3814				Street A	ddress (F		er is Not Accept		wer	
OCALA, FI	- 3-4-7-4										
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	named entity submits this :	statement for the pur	pose of changing it	s register	ed office o	r registere	ed agent, or bo	h, in the State o	f Florida. 1a	am familiar with,	and accept
	named entity submits this ions of registered agent.	statement for the pur	pose of changing it	s register	ed office o	r registere	ed agent, or bo	h, in the State o	f Florida. 1	am familiar with,	and accept
the obligati		statement for the pur	pose of changing it	s register	ed office o	or registere	ed agent, or bo	h, in the State o	f Florida. 1a	,	and accept
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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.

CITY-ST-ZIP

SIGNATURE: 4

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V4/5/07 (352)208-8046