


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90118 046 ****61.25

DOCUMENT # N95000005398


1. Entity Name
IGLESIA BAUTISTA LA NUEVA JERUSALEM OF OCALA, INC.



Principal Place of Business Mailing Address
2920 SOUTHEAST 62ND STREET **2920 SOUTHEAST 62ND STREET**
OCALA FL 34480 **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

Zip Country Zip Country



1st MOORE CR2E037 (10/07)

4. FEI Number Applied For
59-3367914 Not Applicable

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

6. Name and Address of Current Registered Agent
MARTINEZ, ANGEL L
3 SILVER WAY CT
OCALA FL 34474

7. Name and Address of New Registered Agent
 Name **RIVERA, GERMAN**
 Street Address (P.O. Box Number is Not Acceptable) **2137 S.E. 5th. ST.**
OCALA
 City **FL** Zip Code **34471**

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 **GERMAN RIVERA (DEACON)** *German Rivera* DATE **03-30-08**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature is required when re-registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	D MECHAN, JORGE 26 BAHIE PASS DR OCALA FL 34472	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, GERMAN 2137 S. E. 5TH STREET OCALA FL 34471	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MAYMI, BLANCA H. 11822 S.E. 123RD AVE. OCKALAWAHA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, ANGEL LUIS 3 SILVER WAY CT OCALA FL 34474	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER RIVERA, ARAMINTA 2137 S.E. 5th. ST. OCALA, FL. 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BENEVOLENCE DEPT. DE JESUS, MILAGROS 6031 N.W. 64th. ST. OCALA, FL. 34482	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 - SECRETARY** *Blanca H. Maymi*