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

## Apr 25, 2008 8:00 am DOCUMENT # N95000005398 Secretary of State 1. Entity Name 04-25-2008 90118 046 \*\*\*\*61.25 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, Apr. #, erc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-3367914 Not Applicable Zip Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIVERA, GERMAN MARTINEZ, ANGEL L Street Address (P.O. Box Number is Not Acceptable) 3 SILVER WAY CT 2137 S.E. 5th. ST. OCALA FL 34474 OCALA 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. GERMAN RIVERA SIGNATURE \_ 03-30-08 . : FILE NOW. 1. LL Due By May 1, 2008 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TiTLE Delate ☐ Change TREASURER MECHAN, JORGE NAME NAME RIVERA, ARAMINTA 26 BAHIE PASS DR STREET ADDRESS STREET ADDRESS OCALA FL 34472 2137 S.E. 5th. ST. CITY-ST-ZIP CITY-ST-ZIP <del>OCALA, FL.</del> 34<del>471</del> TITLE X Dalete TITLE Addition BENEVOLENCE DEPT. RIVERA, GERMAN NAME NAME 2137 S. E. 5TH STREET DE JESUS, MILAGROS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 CITY-ST-ZIP 6031 N.W. 64th. ST. OCALA, FL. 34482 Change Addition TITLE ☐ Delete TITLE MAYMI, BLANCA H. NAME NA' !E 11822 S.E. 123RD AVE. STREET ADDRESS STRE ADDRE: CITY-ST-ZIP OCKALAWAHA FL CITY-ST-ZIP TITLE X Delete TITLE ☐ Change ☐ Addition MARTINEZ, ANGEL LUIS NAME 3 SILVER WAY CT STREET ADDRESS. STREET ADDRESS OCALA FL 34474 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME MANAG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OITY-ST-ZIP TITLE ☐ Dalete TITLE ■ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZiP

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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

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information