

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90058 001 \*\*\*\*61.25

**DOCUMENT # N96000006324**

1. Entity Name

**IGLESIA EVANGELICA METODISTA DE MARION OAKS, INC**

Principal Place of Business

Mailing Address

**3800 SW 137 PLACE  
 Ocala FL 34473**

**3800 SW 137 PLACE  
 Ocala FL 34473-2193**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**23-6447633**



Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANGENOR, ANTONIO  
 3800 SW 137 PLACE  
 Ocala FL 34473**

Name

*Maritzabeth Miguez*

Street Address (P.O. Box Number is Not Applicable)

*121 Marion Oaks Lane*

City

*Ocala*

FL

Zip Code

*34422*

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.

SIGNATURE

*Maritzabeth Miguez*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>D</b> <input type="checkbox"/> Delete	<b>FURMAN, MERCEDES</b>
STREET ADDRESS		<b>17787 SW 33 TERR.</b>
CITY-ST-ZIP		<b>OCALA FL 34474</b>
TITLE NAME	<b>D</b> <input checked="" type="checkbox"/> Delete	<b>ANGENOR, ANTONIO</b>
STREET ADDRESS		<b>3800 SW 137 PLACE</b>
CITY-ST-ZIP		<b>OCALA FL 34473</b>
TITLE NAME	<b>D</b> <input checked="" type="checkbox"/> Delete	<b>ACEVEDO, ANA</b>
STREET ADDRESS		<b>14923 SW 38 CIR</b>
CITY-ST-ZIP		<b>OCALA FL 34473</b>
TITLE NAME	<input type="checkbox"/> Delete	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>ANASTASIO SILVA</b>
STREET ADDRESS		<b>2770 SW 153, Place Road</b>
CITY-ST-ZIP		<b>OCALA, FLA., 34473</b>
TITLE NAME	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>Maritzabeth Miguez</b>
STREET ADDRESS		<b>121 Marion Oaks Lane</b>
CITY-ST-ZIP		<b>Ocala, Florida 34422</b>
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>AMELIA PEREZ</b>
STREET ADDRESS		<b>3835 S.W. 138 St</b>
CITY-ST-ZIP		<b>OCALA FL. 34473</b>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mercedes Fermin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (9/99)