

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90726 002 ****61.25

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1. Entity Name

IGLESIA METODISTA PRIMITIVA EN LOS ESTADOS
UNIDOS DE AMERICA, INC.



Principal Place of Business

451 MARIAN OAKS BLVD
OCALA FL 34473

Mailing Address

PO BOX 11157
MARIAN OAKS STATION
OCALA FL 34473

34031600



MOORE CR2E037 (11/03)

2. Principal Place of Business

451 Marion Oaks Blvd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 11157

Suite, Apt. #, etc.

Marion Oaks Station

City & State

Ocala, Florida

City & State

Ocala, Florida

Zip

34473

Country

Marion

Zip

34473

Country

Marion

4. FEI Number

59-3597265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIGUEZ, MARITABETH
121 MARION OAKS LANE
OCALA FL 34473

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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
Due By May 1, 2004

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 D
NAME FERMIN, MERCEDES ☐ Delete
STREET ADDRESS 17286 SW 39 AVE RD
CITY-ST-ZIP Ocala FL 34478

TITLE D
NAME SORIANE, RAJAEAL ☒ Delete
STREET ADDRESS 14441 SW 39 CT RD
CITY-ST-ZIP Ocala FL 34478

TITLE D
NAME GONZALEZ, MIGUEL ☒ Delete
STREET ADDRESS 7315 SW 100 PLACE
CITY-ST-ZIP Ocala FL 34478

TITLE PT
NAME COLLADO, NICHOLAS ☒ Delete
STREET ADDRESS 3928 SW 138 PLACE
CITY-ST-ZIP Ocala FL 34473

TITLE
NAME MIGUEZ, MARITZA BETH ☐ Delete
STREET ADDRESS 121 MARION OAKS LN
CITY-ST-ZIP Ocala FL 34473

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME Luis A. Jarios ☐ Change ☒ Addition
STREET ADDRESS 12804 SW 43 Cir.
CITY-ST-ZIP Ocala, Florida 34473

TITLE D
NAME Carmen N. Miguez ☐ Change ☒ Addition
STREET ADDRESS 323 Marion Oaks Circle
CITY-ST-ZIP Ocala, FL 34473

TITLE T
NAME David Gonzalez ☐ Change ☒ Addition
STREET ADDRESS 13520 S.W. 40 Cir.
CITY-ST-ZIP Ocala, Florida 34473

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #