

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90255 005 \*\*\*\*61.25

**DOCUMENT # N96000006324**

1. Entity Name

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



Principal Place of Business

**451 MARION OAKS BLVD  
OCALA FL 34473**

Mailing Address

**PO BOX ~~4448~~ 223118  
MARION OAKS STATION  
OCALA FL 34473**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**MIGUEZ, MARITABETH  
121 MARION OAKS LANE  
OCALA FL 34473**

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, 2005**

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	<input type="checkbox"/> Delete
NAME	FERMIN, MERCEDES	
STREET ADDRESS	17286 SW 39 AVE RD	
CITY-ST-ZIP	OCALA FL 34478	
TITLE	D	<input type="checkbox"/> Delete
NAME	JARIOS, LUIS A	
STREET ADDRESS	12804 SW 43 CIR	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIGUEL, CARMEN M	
STREET ADDRESS	323 MARION OAKS COURSE	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	T	<input type="checkbox"/> Delete
NAME	GONZALEZ, DAVID	
STREET ADDRESS	13520 SW 40 CT	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	T	<input type="checkbox"/> Delete
NAME	MIGUEZ, MARITZA BETH	
STREET ADDRESS	121 MARION OAKS LN	
CITY-ST-ZIP	OCALA FL 34473	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D Larin, Luis A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12804 SW 43 Circle	
STREET ADDRESS	Ocala, FL 34473	
CITY-ST-ZIP		
TITLE	D Miguez, Carmen M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	323 Marion Oaks Course	
STREET ADDRESS	Ocala, FL 34473	
CITY-ST-ZIP		
TITLE	T Gonzalez, David	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13520 SW 40 Circle	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #