

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

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90028 041 \*\*\*\*70.00

**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 773118  
OCALA FL 34477

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  
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

GONZALEZ, DAVID  
14306 SW 48TH CT RD  
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, 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	DP	<input type="checkbox"/> Delete
NAME	GONZALEZ, DAVID	
STREET ADDRESS	14306 SW 48TH CT RD	
CITY - ST - ZIP	OCALA FL 34473	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MIGUEZ, CARMEN M	
STREET ADDRESS	4437 SW 49 AVE	
CITY - ST - ZIP	OCALA FL 34474	
TITLE	S	<input type="checkbox"/> Delete
NAME	MIGUEZ, MARITZA BETH	
STREET ADDRESS	121 MARION OAKS LN	
CITY - ST - ZIP	OCALA FL 34473	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARIOS, LUIS A	
STREET ADDRESS	12804 SW 43 CIRCLE	
CITY - ST - ZIP	OCALA FL 34473	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	Miguez, Carmen M.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6425 SW 50 Terrace	
STREET ADDRESS	OCALA, FL. 34474	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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:

*Maritza Miguez*

*April 28/08*