

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006324

FILED  
Feb 27, 2009  
Secretary of State

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

**Current Principal Place of Business:**

451 MARION OAKS BLVD  
OCALA, FL 34473

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 773118  
OCALA, FL 34477

**New Mailing Address:**

FEI Number: 59-3597265

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GONZALEZ, DAVID  
14306 SW 48TH CT RD  
OCALA, FL 34473 US

**Name and Address of New Registered Agent:**

GONZALEZ, DAVID  
13520 SW 40 TH CIRCLE  
OCALA, FL 34473 US

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:

Electronic Signature of Registered Agent

02/27/2009

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GONZALEZ, DAVID  
Address: 14306 SW 48TH CT RD  
City-St-Zip: Ocala, FL 34473

Title: T ( ) Delete  
Name: MIGUEZ, CARMEN M  
Address: 6425 SW 50 TERR  
City-St-Zip: Ocala, FL 34474

Title: S ( ) Delete  
Name: MIGUEZ, MARITZA BETH  
Address: 121 MARION OAKS LN  
City-St-Zip: Ocala, FL 34473

Title: D ( ) Delete  
Name: LARIOS, LUIS A  
Address: 12804 SW 43 CIRCLE  
City-St-Zip: Ocala, FL 34473

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: GONZALEZ, DAVID  
Address: 13520 SW 40 TH CIRCLE  
City-St-Zip: Ocala, FL 34473

Title: T (X) Change ( ) Addition  
Name: MIGUEZ, CARMEN M  
Address: 4437 SW 49 AVE  
City-St-Zip: Ocala, FL 34474

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: RODRIGUEZ, ARCADIO  
Address: 3914 SE COUNTY HWY 484  
City-St-Zip: BELLEVIEW, FL 34491

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID GONZALEZ

Electronic Signature of Signing Officer or Director

DP

02/27/2009

Date