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: New Principal Place of Business:

451 MARION OAKS BLVD OCALA, FL 34473

Current Mailing Address: New Mailing Address:

PO BOX 773118 OCALA, FL 34477

FEI Number: 59-3597265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

 GONZALEZ, DAVID
 GONZALEZ, DAVID

 14306 SW 48TH CT RD
 13520 SW 40 TH CIRCLE

 OCALA, FL 34473 US
 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: 02/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 DP (X) Change () Addition

 Name:
 GONZALEZ, DAVID
 Name:
 GONZALEZ, DAVID

 Address:
 14306 SW 48TH CT RD
 Address:
 13520 SW 40 TH CIRCLE

 City-St-Zip:
 OCALA, FL 34473
 City-St-Zip:
 OCALA, FL 34473

Title: T () Delete Title: T (X) Change () Addition Name: MIGUEZ, CARMEN M Name: MIGUEZ, CARMEN M

 Name
 MIGOEZ, CARMEN M
 Name
 MIGOEZ, CARMEN

 Address:
 6425 SW 50 TERR
 Address:
 4437 SW 49 AVE

 City-St-Zip:
 OCALA, FL 34474
 City-St-Zip:
 OCALA, FL 34474

Title: S () Delete Title: () Change () Addition

 Name:
 MIGUEZ, MARITZA BETH
 Name:

 Address:
 121 MARION OAKS LN
 Address:

 City-St-Zip:
 OCALA, FL 34473
 City-St-Zip:

Title: () Delete Title: (X) Change () Addition RODRIGUEZ, ARCADIO Name: LARIOS, LUIS A Name: 3914 SE COUNTY HWY 484 Address: 12804 SW 43 CIRCLE Address: City-St-Zip: OCALA, FL 34473 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 DP 02/27/2009