


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2003 8:00 am
Secretary of State

04-21-2003 90462 021 ****61.25

DOCUMENT # N96000006324

1. Entity Name
**IGLESIA METODISTA PRIMITIVA EN LOS ESTADOS UNIDO
S DE AMERICA, INC.**



Principal Place of Business
**3928 SW 138 PLACE
OCALA FL 34473**

Mailing Address
**PO BOX 11157
MARIAN OAKS STATION
OCALA FL 34473**

55041337



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
451 Marion Oaks Blvd

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 *Maritabeth Miguez* **Maritabeth Miguez** **April 12/03**

Signature, typed or printed name of registered agent, and then applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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 checked="" type="checkbox"/> Delete
NAME	SILVA, ANASTACIO	
STREET ADDRESS	2770 SW 153 PLACE ROAD	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, NORBERTO	
STREET ADDRESS	13670 SW 42 CT PLACE	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, CARNOW	
STREET ADDRESS	5137 SW 155 LOOP	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	P	<input type="checkbox"/> Delete
NAME	COLLADO, NICHOLAS	
STREET ADDRESS	3928 SW 138 PLACE	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mercedes Ferrin	
STREET ADDRESS	17286 SW 36 Ave Rd	
CITY-ST-ZIP	Ocala, Florida 34473	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rafael Soriano	
STREET ADDRESS	14441 SW 39 Ct Rd	
CITY-ST-ZIP	Ocala, Florida 34473	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miguel Gonzalez	
STREET ADDRESS	2315 SW 100 Place	
CITY-ST-ZIP	Ocala, Florida 34478	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARITABETH MIGUEZ	
STREET ADDRESS	121 MARION OAKS LN	
CITY-ST-ZIP	OCALA, FL 34473	
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 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: *Maritabeth Miguez* **Maritabeth Miguez** **April 12/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)