

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000006324

**FILED**  
**Mar 12, 2014**  
**Secretary of State**  
**CC2953530643**

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

**Current Principal Place of Business:**

451 MARION OAKS BLVD  
OCALA, FL 34473

**Current Mailing Address:**

PO BOX 773118  
OCALA, FL 34477

**FEI Number: 59-3597265**

**Certificate of Status Desired: No**

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

RIVERA, RENE  
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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	DP	Title	VP
Name	RIVERA, RENE REV	Name	RIVERA, MARIA I
Address	13730 SW 115TH PL.	Address	13730 SW 115TH PL
City-State-Zip:	DUNNELLON FL 34432	City-State-Zip:	DUNNELLON FL 34432
Title	S	Title	T
Name	MIGUEZ, MARITZA BETH	Name	MIGUEZ, CARMEN M
Address	121 MARION OAKS LN	Address	4437 SW 49TH
City-State-Zip:	OCALA FL 34473	City-State-Zip:	OCALA FL 34474

*I hereby 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 all other like empowered.*

**SIGNATURE: RENE RIVERA**

**PASTOR**

**03/12/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date