

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000005293 (6)

1. Corporation Name
PRIMERA IGLESIA DEFENSORES DE LA FE ROCA DIVINA, INC.



Principal Place of Business
2021 E. SKAGWAY AVE. TAMPA FL 33604

Mailing Address
2021 E. SKAGWAY AVE. TAMPA FL 33604

3. Date Incorporated or Qualified **11/23/1993** 3a. Date of Last Report **07/19/1995**

2. Principal Place of Business
 21 **2021 E. Skagway Ave.** 26
 Suite, Apt. #, etc.
 22
 City & State **Tampa, FL.** 27
 23
 Zip **33604** Country 29 Country 30

4. FEI Number **59-3213030** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
TOSSAS, RAMON
2021 E. SKAGWAY AVE.
TAMPA FL 33604

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	TOSSAS, RAMON
STREET ADDRESS	8906 N. 39TH ST.
CITY-ST-ZIP	TAMPA FL 33604
TITLE	SD <input type="checkbox"/> DELETE
NAME	TOSSAS-FLORES, JANETTE
STREET ADDRESS	14301 PROMONTORY PT. PL.
CITY-ST-ZIP	TAMPA FL 33625
TITLE	TD <input type="checkbox"/> DELETE
NAME	POLY, ANDRES
STREET ADDRESS	4528 W. LAMBRIGHT ST.
CITY-ST-ZIP	TAMPA FL 33614
TITLE	S <input type="checkbox"/> DELETE
NAME	VICENTE, NITZA
STREET ADDRESS	13623 MARSH HARBOR PL.
CITY-ST-ZIP	TAMPA FL 33613
TITLE	D <input type="checkbox"/> DELETE
NAME	CEDRES, RAFAEL
STREET ADDRESS	10404 N. 27TH ST.
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ramon Tossas 6-13-96 899-1533
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)