

FILE NOW: FILING FEE IS \$61.25


FILED
Feb 19, 1999 8:00am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005293
1. Corporation Name
PRIMERA IGLESIA DEFENSORES DE LA FE ROCA DIVINA, INC.

Principal Place of Business: 2021 E SKAGWAY AVE, TAMPA FL 33604, US
Mailing Address: 2021 E. SKAGWAY AVE. TAMPA FL 33604

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/23/1993
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3213030
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired
TOSSAS, RAMON 2021 E. SKAGWAY AVE. TAMPA FL 33604		<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TOSSAS, RAMON 2021 E. SKAGWAY AVE. TAMPA FL 33604		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOSSAS, RAMON	1.2 NAME	
STREET ADDRESS	8906 N. 39TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOSSAS-FLORES, JANETTE	2.2 NAME	
STREET ADDRESS	14301 PROMONTORY PT. PL.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33625	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLY, ANDRES	3.2 NAME	
STREET ADDRESS	4528 W. LAMBRIGHT ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICENTE, NITZA	4.2 NAME	
STREET ADDRESS	13623 MARSH HARBOR PL.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEDRES, RAFAEL	5.2 NAME	
STREET ADDRESS	10404 N. 27TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Andres Poly SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/31/1999 (813) 359-5372 Daytime Phone #

0049659

CR2E037 (11/98)