

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010467

Entity Name: RESCUE OPERATION MINISTRY, INC.

Current Principal Place of Business:

4173 SHADE TREE LN
LAKELAND, FL 33812

FILED
Apr 24, 2014
Secretary of State
CC1071689760

Current Mailing Address:

4173 SHADE TREE LN
LAKELAND, FL 33812

FEI Number: 27-0132811

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PONCE, ESTEVAO Q
4173 SHADE TREE LN
LAKELAND, FL 33812 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: ESTEVAO Q PONCE

04/24/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name Q. PONCE, SERGIO WILSON
Address 9611 WEST PARK VILLAGE DR.
City-State-Zip: CARROLLWOOD FL 33626

Title V
Name Q. PONCE, ESTEVAO
Address 4173 SHADE TREE LN
City-State-Zip: LAKELAND FL 33812

Title D
Name BOST, DENNIS C
Address 505 RIDING RIDGE LN
City-State-Zip: LEWISVILLE NC 27023

Title C
Name SULLIVAN, DON SR
Address 904 WEST FARGO DR.
City-State-Zip: BROKEN ARROW OK 74012

Title S
Name PONCE, REBECA
Address 505 RIDING RIDGE LN
City-State-Zip: LEWISVILLE NC 27023

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: ESTEVAO Q. PONCE

V

04/24/2014

Electronic Signature of Signing Officer/Director Detail

Date