

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000001066

Entity Name: MINISTERIO ROCA DE SALVACION INC**Current Principal Place of Business:**2398 HAVEN RD
WEST PALM BEACH, FL 33415**Current Mailing Address:**2398 HAVEN RD
WEST PALM BEACH, FL 33415 US**FEI Number: 46-4749562****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FLORES, JUAN MANUEL H
2398 HAVEN RD
WEST PALM BEACH, FL 33415 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 PRESIDENT, PASTOR
Name FLORES, JUAN MANUEL H
Address 2398 HAVEN RD
City-State-Zip: WEST PALM BEACH FL 33415

Title VP
Name AJCHGE, ANA SANDRA C
Address 2398 HAVEN RD
City-State-Zip: WEST PALM BEACH FL 33415

Title TREASURER
Name CANELAS, ANGEL DAVID
Address 4998 CHACHA CT
 APT.19
City-State-Zip: WEST PALM BEACH FL 33415

Title D
Name SALVADOR, ISRAEL
Address 4649 CAMBRIDGE STREET
City-State-Zip: LAKE WORTH FL 33463

Title SECRETARY
Name MENDOZA, JOSE M
Address 46-49 CAMBRIDGE ST
City-State-Zip: GREENACRES FL 33463

Title DIRECTOR
Name LOPEZ, CUPERTINO
Address 402 SOUTH D STREET
City-State-Zip: LAKE WORTH FL 33460

Title DIRECTOR
Name LOPEZ, VICTOR
Address 402 SOUTH D STREET
City-State-Zip: LAKE WORTH FL 33460

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: FLORES , JUAN MANUEL H**PRESIDENT****04/02/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date