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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # **758677**

1. Corporation Name

"ROSA DE SARON" ASSEMBLY OF GOD, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 13235 PALM BCH. BLVD.<br>FT. MYERS FL 33905<br>US | P. O. BOX 50204<br>FT. MYERS FL 33905<br>US |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>06/05/1981 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>65-0015592 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

FELICIANO, JIMIRO
13843 MATANZAS DRIVE
FT. MYERS FL 33905

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FELICIANO, JIMIRO | | 1.2 NAME | | |
| STREET ADDRESS | 13843 MATANZAS DR. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. MYERS FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | VP | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FELICIANO, REV LUCY | | 2.2 NAME | | |
| STREET ADDRESS | 13843 MATANZAS DR | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT MYERS FL 33905 | | 2.4 CITY-ST-ZIP | | |
| TITLE | S | ☐ DELETE | 3.1 TITLE | S | ☒ Change ☐ Addition |
| NAME | HERNANDEZ, LUZ | | 3.2 NAME | Rosado, Loida | |
| STREET ADDRESS | 9650-3 GREEN CYPRESS LANE | | 3.3 STREET ADDRESS | 18229 Camellia Rd. | |
| CITY-ST-ZIP | FT MYERS FL | | 3.4 CITY-ST-ZIP | Fort Myers, Fl. 33912 | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ROSADO, REV RALPH | | 4. 2 NAME | | |
| STREET ADDRESS | 18229 CAMELLIA RD | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT MYERS FL 33912 | | 4.4 CITY-ST-ZIP | | |
| TITLE | TD | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RIVERA, DORIS | | 5.2 NAME | | |
| STREET ADDRESS | 2238 CALADIUM ROAD SE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | COMELLAS, REV ELGA | | 6.2 NAME | | |
| STREET ADDRESS | 13833 THIRD STREET | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT MYERS FL 33905 | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

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:** SIGNATURE REQUIRED 1/8/99 (941) 693-2177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #