

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758677

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** "ROSA DE SARON" ASSEMBLY OF GOD, INC.

**Current Principal Place of Business:**

13235 PALM BCH. BLVD.  
FT. MYERS, FL 33905 US

**New Principal Place of Business:**

**Current Mailing Address:**

13235 PALM BCH. BLVD.  
FT. MYERS, FL 33905 US

**New Mailing Address:**

**FEI Number:** 26-2030827

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FELICIANO, JIMIRO  
3279 HAMPTON BLVD  
ALVA, FL 33920 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FELICIANO, JIMIRO DR.  
Address: 3279 HAMPTON  
City-St-Zip: ALVA, FL 33920

Title: VP  
Name: FELICIANO, LUCY REV  
Address: 3279 HAMPTON BLVD  
City-St-Zip: FT MYERS, FL 33920

Title: S  
Name: RIVERA, DORIS R  
Address: 2238 CALADIUM RD.  
City-St-Zip: FORT MYERS, FL 33905

Title: TD  
Name: PONCE, DANIELA  
Address: 3274 HAMPTON BLVD  
City-St-Zip: ALVA, FL 33920

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:** JIMIRO FELICIANO

PD

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date