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Feb 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759557 (2)

1. Corporation Name

IGLESIA CRISTIANA LA ROCA, INC.

Principal Place of Business

Mailing Address

1055 COUNTY ROAD 951
NAPLES FL 33999 34119-2941
US

1055 COUNTY ROAD 951
NAPLES FL 34119-2941
US



3. Date Incorporated or Qualified
08/10/1981

3a. Date of Last Report
07/15/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONDORI, FRANKLIN
4560 15TH AVE. SW
NAPLES FL 33999 34116

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 617.0508, 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

Franklin Condori
Signature, typed or printed name of registered agent; and title if applicable.

FRANKLIN CONDORI

(NOTE: Registered Agent signature required when reinstating)

DATE

02/02/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME YON, ELSIE REV.
STREET ADDRESS 4742 25TH AVE. SW
CITY-ST-ZIP NAPLES FL 33999

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE T
NAME CONDORI, FRANKLIN
STREET ADDRESS 4560 15TH AVENUE SW
CITY-ST-ZIP NAPLES FL 33999-9

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T
NAME GONZALEZ, ELIJAH
STREET ADDRESS 6603 CUTTY SARK LANE
CITY-ST-ZIP NAPLES FL 33942

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME VILLANUEVA, WILFREDO
STREET ADDRESS 2880 50TH ST SW
CITY-ST-ZIP NAPLES FL 33999

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Franklin Condori
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/97 (941)353-7424

Date

Daytime Phone # 0060226

CR2E037 (9/96)