

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90079 044 ****61.25

DOCUMENT # 759557

1. Entity Name

IGLESIA CRISTIANA LA ROCA, INC.

Principal Place of Business

Mailing Address

1055 COUNTY ROAD 951
NAPLES FL 34119-2941
US1055 COUNTY RD 951
NAPLES FL 34119-2941
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

12-7280844

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SERRANO, JORGE REV 2420 18TH AVE NE NAPLES FL 34120	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CONDORI, FRANKLIN 4560 15TH AVE SW NAPLES FL 34116	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TORRES, ALBERTO 1660 39TH ST SW NAPLES FL 34117	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST QUIROS, ELSIE REV 4742 25TH AVE SW NAPLES FL 34116	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	R DUPREY, JUAN B. 4106 A 3RD AVE SW NAPLES, FL 34119	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ARCE, EFRAIN 3621 13TH AVE SW NAPLES, FL 34117	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/00 **941-455-1448**