

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759557

1. Entity Name

IGLESIA CRISTIANA LA ROCA, INC.

FILED

Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90037 031 ****61.25

Principal Place of Business

13415 COLLIER BLVD
NAPLES FL 34119
US

Mailing Address

13415 COLLIER BLVD
NAPLES FL 34119
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

12-7280844

Applied For

Not Applicable

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

Soto, Jorge L
Street Address (P.O. Box Number is Not Acceptable)

196 A Furs Lake Circle apt #5
Naples,

City

FL

Zip Code

34104

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 \$61.25

9. 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 P ☒ Delete
NAME DUPREY, JUAN B
STREET ADDRESS 4106 A 3RD AVE SW
CITY-ST-ZIP NAPLES FL 34119

TITLE P ☐ Change ☒ Addition
NAME Gonzalez, Silvertre
STREET ADDRESS 651 29th SW
CITY-ST-ZIP Naples, FL 34117

TITLE T ☒ Delete
NAME CONDORI, FRANKLIN
STREET ADDRESS 4560 15TH AVE SW
CITY-ST-ZIP NAPLES FL 34116

TITLE S/D ☐ Change ☒ Addition
NAME Soto, Jorge L
STREET ADDRESS 196 A Furs Lake Circle apt #5
CITY-ST-ZIP Naples, FL 34104

TITLE T ☐ Delete
NAME TORRES, ALBERTO
STREET ADDRESS 1660 39TH ST SW
CITY-ST-ZIP NAPLES FL 34117

TITLE T/D ☐ Change ☐ Addition
NAME Arce, Efrain
STREET ADDRESS 3621 13th Ave SW
CITY-ST-ZIP Naples, FL 34117

TITLE T ☐ Delete
NAME ARGE, EFRAIN
STREET ADDRESS 3621 13TH AVE SW
CITY-ST-ZIP NAPLES FL 34117

TITLE D ☐ Change ☐ Addition
NAME Torres, Alberto
STREET ADDRESS 1660 39th St SW
CITY-ST-ZIP Naples, FL 34117

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3.15.02 - (941) 353-4475

Date

Daytime Phone #

CR2E037 (9/01)