## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

miquel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: .

## Mar 18, 2004 8:00 am Secretary of State **DOCUMENT # 759557** 03-18-2004 90002 044 \*\*\*\*61.25 1. Entity Name IGLESIA CRISTIANA LA ROCA, INC. Principal Place of Business Mailing Address 13415 COLLIER BLVD 13415 COLLIER BLVD 54018956 NAPLES, FL 34119 NAPLES, FL 34119 %315113666666D& 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. ' Suite, Apt. #, etc. 01162004 Chg-NP CR2E037 (10/03) City & State Applied For 4. FEI Number 12-7280844 City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent quel SQTO. JORGE L 196 A FURSE LAKE CIRCLE APT # 5 NAPLES, FL 34104 39917 Naples 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. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Addition GONZALEZ, SILVERTRE NAME NAME STREET ADDRESS 671 29TH SW STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34117 CITY-ST-ZIP SD 7)THE ☐ Delete TITLE Addition Soto, Jorge L. SOTO, JORGE L NAME NAME 196 A Furse Lake Circle Apt 5 196 A FURSE LAKE CIRCLE APT 5 STREET ADDRESS STREET ADDRESS Naples, FL 34104 NAPLES, FL 34104 CITY-ST-7IP City-St-7IP TITLE Delete TITLE ☐ Change Addition TORRES, ALBERTO NAME NAME 1660 39TH ST SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34117 CHY-ST-ZIP + Change Addition TITLE TD Delete TITLE Arce, Efrain ARGE, EFRAIN NAME NAME 3621 13th Ave SW STREET ADDRESS 3621 13TH AVE SW STREET ADDRESS Naples, FL 34117 CITY-ST-7IP NAPLES, FL 34117 CITY-ST-7IP SD Miguel Cruz 220 13th Street SW Naples, FL 34117 Addition TITLE Miguel Cruz D 220 13th Street SW Naples, FL 34117 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Change TD ELIUT GUNZalez TD ELIUT GONZAlez NAME NAME 6603 Cutty Sark Lane 6603 Cutty Sark Lane Naples, FL 34104 STREET ADDRESS STREET ADDRESS Naples, FL 34104 CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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.

**FILED**