2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State
02-03-2005 90027 034 ****61.25

DOCUMENT # 759557

1. Entity Name
IGLESIA CRISTIANA LA ROCA, INC.

Principal Place of Business	Mailing Address
13415 COLLIER BLVD NAPLES, FL 34119 US	13415 COLLIER BLVD NAPLES, FL 34119 US

01282005 Chg-NP CR2E037 (10/03)

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

CRUZ, MIGUEL
220 13TH ST., SW
NAPLES, FL 34117

7. Name and Address of New Registered Agent

Name TOLEDO PABLO M
Street Address (P.O. Box Number is Not Acceptable) 671 29 STREET SW
City NAPLES **FL** Zip Code 34117

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GONZALEZ, SILVERTRE 671 29TH SW NAPLES, FL 34117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CRUZ, MIGUEL 220 13TH ST., SW NAPLES, FL 34117	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GONZALEZ, ELIUT 6603 CUTTY SARK LANE NAPLES, FL 34104	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TORRES MANUEL A. 1660 39 STREET SW NAPLES, FL 34117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TORRES MANUEL A. 1660 39 STREET SW NAPLES, FL 34117	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HERNANDEZ JOSE H. 240 19 STREET SW NAPLES, FL 34117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HERNANDEZ JOSE H. 240 19 STREET SW NAPLES, FL 34117	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TOLEDO PABLO M. 671 29 STREET SW NAPLES, FL 34117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TOLEDO PABLO M. 671 29 STREET SW NAPLES, FL 34117	☐ Change ☒ Addition

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: Pablo M. Toledo 1/30/05 239-352-6942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #