


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90141 010 \*\*\*\*61.25

<b>DOCUMENT # 759557</b>					
1. Entity Name IGLESIA CRISTIANA LA ROCA, INC.					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02022007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 12-7280844	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TOLEDO, PABLO M 605 SQ CIR #201 NAPLES, FL 34104			Name <i>Silvestre Gonzalez</i> Street Address (P.O. Box Number is Not Acceptable) <i>671 29 ST SW</i> City <i>NAPLES</i> FL Zip Code <i>34117</i>		
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 <i>Silvestre Gonzalez</i>		(NOTE: Registered Agent signature required when reinstating)		DATE <i>03/31/07</i>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GONZALEZ, SILVERTRE		NAME		
STREET ADDRESS	671 29TH SW		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34117		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DURAN, JUAN C		NAME	<i>Jui AURA M. (Secretary)</i>	
STREET ADDRESS	441 15TH ST SW		STREET ADDRESS	<i>55455 19th Pl SW</i>	
CITY-ST-ZIP	NAPLES, FL 34117		CITY-ST-ZIP	<i>NAPLES, FL 34116</i>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUTIERREZ, SONIA		NAME		
STREET ADDRESS	2350 POINCIANA DR		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34105		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TOLEDO, PABLO M		NAME	<i>D Garcia Otoniel</i>	
STREET ADDRESS	605 SQ CIR #201		STREET ADDRESS	<i>4469 25th Ave SW</i>	
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP	<i>Naples, FL 34116</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Silvestre Gonzalez</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>3/31/07</i> Daytime Phone # <i>(239) 370-4209</i>	