# F16000005183

(Re	questor's Name)		
(Ad	dress)		
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(Cit	ry/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
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Office Use Only



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DIVISION OF CHAIRS ALIGNS

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### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2016

MARIA ROBLES 3210 COUNTRYSIDE VIEW DR ST COUD, FL 34772

SUBJECT: ROCK CITY FULL GOSPEL CHURCH, INC.

Ref. Number: W16000074694

We have received your document for ROCK CITY FULL GOSPEL CHURCH, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 316A00023723

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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	ECT: ROCK CIT	Y Full Gospel Church, Inc.				
эсь	De 1	Name of Corporati	on – must in	clude suffix		
Dear S	ir or Madam:	·				
Affair	s in Florida", "Cer	on by Foreign Not for Profit tificate of Existence", or "C need not for profit corporat	Certificate of	Status" and ch	eck are submitted to	
Please	return all correspo	ondence concerning this ma	atter to the fo	ollowing:		
	Maria I. F	Robles				
		Name o	of Person			
	ROCK C	ITY Full Gospel Church, Inc.				
		Firm/C	Company		<del></del>	
	3210 Cou	ntryside View Dr.				
		Ad	dress			
	St. Cloud	, FL 34772				
	<del></del>	City/State a	nd Zip Code			
	pastormar	ia@cfl.rr.com				
	E-ma	ail address: (to be used for	future annua	l report notifica	ation)	
For fu	rther information o	concerning this matter, plea	se call:			
Maria	I. Robles	at (	407	556-3227		
	Name of	Person	Area Code	Daytime Tel	ephone Number	
	MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations		Registration S Division of Co Clifton Buildi	orporations ng /e Center Circle	
Enclos	ed is a check for t	he following amount:				
<b>□</b> \$70	0.00 Filing Fee	■\$78.75 Filing Fee & Certificate of Status		Filing Fee & ed Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

# APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(II name unava	ilable in Florida, enter alternate co	orporate name adopted for the purpose of transacting business in	Florida)
Suffolk Count	ry, NY ntry under the law of which it is inc	3. 80-0626762	
	ntry under the law of which it is inc	corporated) (FEl number, if applicable)	
10/22/2012	,	5. (Date of duration, if other than perpetus	
([	Date of Incorporation)	(Date of duration, if other than perpetua	al)
9/22/2016			
(Date first cond	ucted affairs in Florida if prior to reg	gistration. See sections 617.1501 & 617.1502, F.S. to determine pe	nalty liability.
1953 South Jol	hn Young Pkwy., Kissimmee, FL	34741	
		(Principal office address)	
3210 Countrys	side View Dr., St. Cloud, FL 34772	2	•
	(Cu	rrent mailing address, if different)	<u></u> 5
		21 Cr	NOV.
To conduct rel	igious worship services.	9	
(Purpose(s) of	corporation authorized in home sta	ate or country to be carried out in the state of Florida)	7
		(DO D NOT	16 NOV 17 AM II: 21
Name and str	eet address of Florida registere	d agent: (P.O. Box <u>NOT</u> acceptable)	=======================================
	Maria I. Robles		<u>2</u>
Name:			(2)
ffice Address:	3210 Countryside View Dr.		
	St. Cloud	, Florida	
	(City)	(Zip Code)	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

## A. DIRECTORS Maria I. Roles Chairman: 3210 Countryside View Dr. Address: St. Cloud, FL 34772 Marilyn Pacheco Vice Chairman: 18 Iroquois Ln. Address: Commack, NY 11725 Abraham Class Director: 5 Cherry Ln. Address: Lake Grove, NY 11755 Alexa Bello Director: 500 Peconic St., Apt. 255B Address: Ronkonkoma, NY 11779 **B. OFFICERS** Maria I. Roles President: 3210 Countryside View Dr. Address: St. Cloud, FL 34772 Marilyn Pacheco Vice President: 18 Iroquois Ln. Address: Commack, NY 11725 John Cabrera Secretary: 5903 Appaloosa Way, Orlando, FL 32822 Address: Elliot Robles Treasurer: 3210 Countryside View Dr., St. Cloud, FL 34772 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chauman, Vice Chairman, or any officer listed in number 12 of the application) Maria I. Roles, Chairman and President

(Typed or printed name and capacity of person signing application)

12. A. Directors, continued

Jacqueline DeJesus 500 Peconic St., Apt. 255B Ronkonkoma, NY 11779

Lynette Teran 2449 Union Blvd., Apt. 23C Islip, NY 11751

16 NOV 17 ANTI: 21 ANTIS ON OF CORPORATIONS

## COUNTY OF SUFFOLK



#### JUDITH A. PASCALE SUFFOLK COUNTY CLERK

SUFFOLK COUNTY CLE	RK		
STATE OF NEW YORK			
SS:		, <u>, , , , , , , , , , , , , , , , , , </u>	
COUNTY OF SUFFOLK	• •	ta v	
I, Judith A. Pascale, Clerk o Religious Corporation recor	d and found it to be sti	ll active.	
FOR: Rock Cit	y Full Goz	M Charas : I	ne.
AND HAVE FOUND IT IS	STILL ACTIVE.		
		MY HAND AND OFFICIA d, NY, this <u>Second to</u>	

JUDITH A. PASCALE SUFFOLK COUNTY CLERK

of September 2016