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Secretary of State

05-14-2002 90353 047 ****61.25

33915

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003605

1. Entity Name

Foundation on the Rock Of Peace Church Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
203 W Bay		P.O. Box 2059	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State: Davenport Fl.		City & State: Davenport Fl.	
Zip: 33836	Country: USA	Zip: 33836	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number ✓ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Edwin Retamar

Street Address (P.O. Box Number is Not Acceptable): 1623 Evangelia Dr.

City: Davenport FL Zip Code: 33837

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

FEE IS $61.25 Initial or Amended UBR

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

TITLE	President
NAME	Edwin Retamar
STREET ADDRESS	1623 Evangelia Dr.
CITY-ST-ZIP	Davenport, FL. 33837
TITLE	Inés Negron
NAME	Treasurer
STREET ADDRESS	318 Mystery house Rd.
CITY-ST-ZIP	Davenport, FL. 33837
TITLE	Vocal
NAME	Julian Flores
STREET ADDRESS	318 Mystoryhouse Rd.
CITY-ST-ZIP	Davenport, FL. 33837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Edwin Retamar 5/2/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #