

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-13-2002 90179 018 ****66.25

DOCUMENT # N01000006117

1. Entity Name

IGLESIA JESUCRISTO ROCA DE SALVACION INC

Principal Place of Business

Mailing Address

**424 W LANTANA RD
 LANTANA FL 33462**

**424 W LANTANA RD
 LANTANA FL 33462**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Worth, Florida

Zip

Country

Zip

Country

33460

Palm Beach

4. FEI Number

65-1138262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALLEJO, ANGEL A
 218 SO L ST
 LAKE WORTH FL 33460**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 resigning)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete

**DP
 VALLEJO, ANGEL
 218 SO L ST
 LAKE WORTH FL 33460**

TITLE ☐ Change ☐ Addition

TITLE ☒ Delete

**OT
 TORRES, RAMONA
 6628 ATHENA DR
 LANTANA FL 33463**

TITLE ☐ Change ☒ Addition

TITLE ☐ Delete

**DS
 VALLEJO, WENDY
 218 SO L ST
 LAKE WORTH FL 33460**

TITLE ☐ Change ☐ Addition

TITLE ☒ Delete

**D
 LOPEZ, ANGEL
 1457 ROSE CIRCLE WEST
 PALM BEACH FL 33406**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

**NAME
 STREET ADDRESS
 CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

**NAME
 STREET ADDRESS
 CITY-ST-ZIP**

TITLE ☐ 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:

REQUIRED

04/24/2002

(561) 588-8265

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)