


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 01, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90168 029 \*\*\*\*61.25

<b>DOCUMENT # N01000006117</b>					
1. Entity Name <b>IGLESIA JESUCRISTO ROCA DE SALVACION INC</b>					
Principal Place of Business <b>424 W LANTANA RD LANTANA FL 33462</b>			Mailing Address <b>216 SOUTH 'L' STREET LAKE WORTH FL 33460</b>		
2. Principal Place of Business <b>216 SOUTH L ST</b>			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>LAKE WORTH FL</b>			City & State		
Zip <b>33460</b>		Country <b>U.S.A</b>		4. FEI Number <b>65-1138262</b>	
				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  <b>VALLEJO, ANGEL A 216 SO L ST LAKE WORTH FL 33460</b>			7. Name and Address of New Registered Agent		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW: FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLEJO, ANGEL		NAME		
STREET ADDRESS	216 SO L ST		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDO, MARIA L		NAME	BRANDO, MARIA L	
STREET ADDRESS	612 JACKSON AVENUE		STREET ADDRESS	612 JACKSON AVENUE	
CITY-ST-ZIP	LAKE WORTH FL 33463		CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLEJO, WENDY		NAME		
STREET ADDRESS	216 SO L ST		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		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		
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 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: <b>S. Vallejo</b>		<b>REQUIRED</b>		5-1-03 (561) 588-8265	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

**55050350**

☐ CHECK HERE IF MAKING CHANGES

ANGEL VALLEJO (PRESIDENT)  
 CR2E037 (10/02)