

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90028 030 \*\*\*\*61.25

DOCUMENT # N02000000260

1. Entity Name

IGLESIA CRISTO LA ROCA, INC.



Principal Place of Business

12713 NORTH NEBRASKA VE.  
TAMPA FL 33613

Mailing Address

3207 N. OLA AVENUE  
TAMPA FL 33603

50032021



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Florida Ave Baptist Church

3. Mailing Address

Suite, Apt. #, etc.

4208 N. Florida Ave.

City & State

Tampa, FL

City & State

Zip

33604

Country

Hillsborough

Zip

Country

4. FEI Number

36-4499541

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSAS, SANTA  
3207 N OLA AVE  
TAMPA FL 33603

7. Name and Address of New Registered Agent

Name

Jose A. Rosas

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

3207 N. OLA Ave

City Tampa

FL

Zip Code  
33603

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

Santa Rosas

Signature, typed, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/18/05

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME ROSAS, SANTA  
STREET ADDRESS 3207 N. OLA AVE.  
CITY-ST-ZIP TAMPA FL

TITLE D ☒ Delete  
NAME ROSAS, ANGEL  
STREET ADDRESS 3207 N. OLA AVE.  
CITY-ST-ZIP TAMPA FL

TITLE DS ☒ Delete  
NAME ROMAN, GLORIA  
STREET ADDRESS 1217 E IDA ST  
CITY-ST-ZIP TAMPA FL 33603

TITLE DB ☐ Delete  
NAME FUENTES, MARGARET  
STREET ADDRESS 3207 N. OLA AVE.  
CITY-ST-ZIP TAMPA FL 33603

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition  
NAME Jose A. Rosas  
STREET ADDRESS 5009 Park Hill PL  
CITY-ST-ZIP Tampa FL 33624

TITLE D ☒ Change ☐ Addition  
NAME Santa Rosas  
STREET ADDRESS 3207 N. OLA Ave  
CITY-ST-ZIP Tampa FL 33603

TITLE T ☒ Change ☐ Addition  
NAME MARGARET Fuentes  
STREET ADDRESS 3207 N. OLA Ave  
CITY-ST-ZIP Tampa FL 33603

TITLE ☐ Change ☒ Addition  
NAME Marisol Rosas  
STREET ADDRESS 1915 Tinker Drive  
CITY-ST-ZIP Lutz FL 335559

TITLE D ☐ Change ☒ Addition  
NAME Belinda Rosas  
STREET ADDRESS 5009 Park Hill PL  
CITY-ST-ZIP Tampa FL 33603

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

Santa Rosas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/05

(813) 223-4492

Daytime Phone #