

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009841

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** IGLESIA PENTECOSTAL ROSA DE SARON, INC.

**Current Principal Place of Business:**

7290 60TH STREET NORTH  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

**Current Mailing Address:**

7290 60TH STREET NORTH  
PINELLAS PARK, FL 33781

**New Mailing Address:**

3048 ROCK VALLEY DR.  
HOLIDAY, FL 34691

**FEI Number:** 45-0528391

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CULLEM, JOHN P ESQ.  
856 2ND AVE. NORTH  
ST. PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ROMAN, JUAN  
Address: 1399 S. BELCHER RD. LOT 27  
City-St-Zip: LARGO, FL 33791

Title: DT ( ) Delete  
Name: CARABALLO, NELSON  
Address: 6055 84TH AVE.  
City-St-Zip: PINELLAS PARK, FL 33781

Title: DS ( ) Delete  
Name: CARABALLO, DALBA  
Address: 6055 84TH AVE.  
City-St-Zip: PINELLAS PARK, FL 33781

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: ROMAN, JUAN  
Address: 3048 ROCK VALLEY DR.  
City-St-Zip: HOLIDAY, FL 34691

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN ROMAN

P

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date