2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008170

Entity Name: IGLESIA LA ROSA DE SARON, INC.

FILED Apr 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2600 SW 10ST APT 604 8299 SW 100TH LANE RD

OCALA, FL 34474 OCALA, FL 34481

Current Mailing Address: New Mailing Address:

2600 SW 10ST APT 604 8299 SW 100TH LANE RD OCALA, FL 34474 OCALA, FL 34481

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

TORRES, DAMARIS
5001 SW 20ST APT 2012
5001 SW 23 APT 1505
OCALA, FL 34474 US
5001 SW 23 APT 1505
OCALA, FL 34474 US

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: DAMARIS TORRES 04/16/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: P () Delete Title: P (X) Change () Addition

 Name:
 FERMIN, RADHAMES A
 Name:
 FERMIN, RADHAMES A

 Address:
 2600 SW 10ST APT 604
 Address:
 8299 SW 100TH LANE RD

City-St-Zip: OCALA, FL 34474 City-St-Zip: OCALA, FL 34481

Title: V () Delete Title: V (X) Change () Addition Name: FERMIN, MARIA C Name: FERMIN, MARIA C

 Address:
 2600 SW 10ST APT 604
 Address:
 8299 SW 100TH LANE RD

 City-St-Zip:
 OCALA, FL 34474
 City-St-Zip:
 OCALA, FL 34481

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 TORRES, DAMARIS
 Name:
 TORRES, DAMARIS

 Address:
 5001 SW 20ST APT 2012
 Address:
 5001 SW 23 APT 1505

 City-St-Zip:
 OCALA, FL 34474
 City-St-Zip:
 OCALA, FL 34474

Title: S () Delete Title: () Change () Addition

 Name:
 SOLANO, CELESTE
 Name:

 Address:
 2600 SW 10ST APT 1406
 Address:

 City-St-Zip:
 OCALA, FL 34474
 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: RADHAMES A. FERMIN P 04/16/2008