

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011048

FILED
Feb 17, 2007
Secretary of State

Entity Name: IGLESIA ROCA ETERNA INC.

Current Principal Place of Business:

100 COCONUT GROVE WAY
KISSIMMEE, FL 34758

New Principal Place of Business:

Current Mailing Address:

100 COCONUT GROVE WAY
KISSIMMEE, FL 34758

New Mailing Address:

FEI Number: 14-1971050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSA, VICTOR
100 COCONUT GROVE WAY
KISSIMMEE, FL 34758 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: PD () Delete
Name: ROSA, VICTOR
Address: 100 COCONUT GROVE WAY
City-St-Zip: KISSIMMEE, FL 34758

Title: VPD () Delete
Name: ROSA, MIRTA
Address: 100 COCONUT GROVE WAY
City-St-Zip: KISSIMMEE, FL 34758

Title: D () Delete
Name: TRINIDAD, AWILDA
Address: 210 AMESBURY LANE
City-St-Zip: KISSIMMEE, FL 34758

Title: S () Delete
Name: APONTE, GLENDALIS
Address: 2711 STARGRASS CR.
City-St-Zip: KISSIMMEE, FL 34746

Title: T () Delete
Name: APONTE, JUAN C
Address: 2711 STARGRASS CR.
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: PACHECO, RUBEN
Address: 803 SAN JOSE CT.
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: TRINIDAD, AWILDA
Address: 210 AMESBURY LN
City-St-Zip: KISSIMMEE, FL 34758

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

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 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: VICTOR ROSA

PD

02/17/2007

Electronic Signature of Signing Officer or Director

Date