


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90319 007 ****70.00

DOCUMENT # N15989 1. Entity Name CENTRO EVANGELISTICO LA ROCA, INC.	
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Principal Place of Business 12395 SW 130 STREET #108 MIAMI, FL 33186 US	Mailing Address 9725 S.W. 85 STREET C/O REV. DAVID BONILLA MIAMI, FL 33173
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DO NOT WRITE IN THIS SPACE

14000494



04222005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0218835	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 BONILLA, DAVID 9725 S.W. 85 STREET MIAMI, FL 33173

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTILLO, RAFAEL 15300 SW 100 AVENUE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PUERTAS, SANDRA 1320 N.E. 131 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARCIA, MEDARDO 4173 W. 11 LN HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONILLA, DAVID 9725 SW 85 ST MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4-22-05** **786-306-2640**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #