

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90167 021 ****61.25

DOCUMENT # N48553

1. Corporation Name

CHURCH OF GOD - ROCK OF SALVATION, INC.

Principal Place of Business

STAR RT 3 BOX 715-C
LA BELLE FL 33935
US

Mailing Address

1240 CASE RD.
LA BELLE FL 33935
US



2. Principal Place of Business

21 Star Rt 3 Box 715-C

Suite, Apt. #, etc.

22

City & State

23 La Belle Fla.

Zip

24 33935

Country

25 Hendry

2a. Mailing Address

26 1240 Case Rd

Suite, Apt. #, etc.

27

City & State

28 La Belle FL

Zip

29 33935

Country

30 Hendry

3. Date Incorporated or Qualified

04/24/1992

4. FEI Number

65-0360294

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DE LEON, DAVID
STAR RT. 3 BOX 715C
LA BELLE FL 33935

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *David Leon* Vice President

5-9-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
DE LEON, DAVID
STREET ADDRESS STAR RT. 3, BOX 715C
CITY-ST-ZIP LA BELLE FL 33935

TITLE ☐ DELETE

NAME VTD
BAEZ, ALMA R.
STREET ADDRESS 1240 CASE RD.
CITY-ST-ZIP LA BELLE FL 33935

TITLE ☒ DELETE

NAME SD
MARTINEZ, SANADA
STREET ADDRESS 1805 6TH AVE CR
CITY-ST-ZIP IMMOKALEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alma Baez* ALMA BAEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-99 (911) 675-3830

Date Daytime Phone #

CR2E037 (11/98)

0061342