

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48553

1. Entity Name

CHURCH OF GOD - ROCK OF SALVATION, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90109 048 ****61.25

Principal Place of Business

Mailing Address

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

1240 CASE RD.
 LA BELLE FL 33935-9594
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0360294

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

(Signature) typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DE LEON, DAVID	
STREET ADDRESS	STAR RT. 3, BOX 715C	
CITY-ST-ZIP	LA BELLE FL 33935	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BAEZ, ALMA R.	
STREET ADDRESS	1240 CASE RD.	
CITY-ST-ZIP	LA BELLE FL 33935	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NAVARRO, DAVID	
STREET ADDRESS	5993 SPENCER RD	
CITY-ST-ZIP	LA BELLE FL 33935 La Belle, FL 33935	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

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:

Alma Rosa Baez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/00 6744515
 Date Daytime Phone #

CR2E037 (9/99)