

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90107 009 ****70.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # N48999

1. Entity Name
IGLESIA BAUTISTA SOBRE LA ROCA, INC.

Principal Place of Business 4211 N. HUBERT AVENUE TAMPA FL 33614	Mailing Address 4211 N. HUBERT AVENUE TAMPA FL 33614-7728
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0444802	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BOYER, GREGORY F
2522 LAKE ELLEN LANE
TAMPA FL 33618**

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME	T DURAN, OSCAR <input type="checkbox"/> Delete
STREET ADDRESS	12710 DUNHILL DR
CITY-ST-ZIP	TAMPA FL
TITLE NAME	T SANCHEZ, CARLOS <input type="checkbox"/> Delete
STREET ADDRESS	2907 W PARIS ST <i>(please, change last name)</i>
CITY-ST-ZIP	TAMPA FL
TITLE NAME	T MORENO, PEDRO <input type="checkbox"/> Delete
STREET ADDRESS	3105 BRADDOCK ST
CITY-ST-ZIP	TAMPA FL
TITLE NAME	T JUAN, JOSE A <input type="checkbox"/> Delete
STREET ADDRESS	7935 WOODGROVE CIR
CITY-ST-ZIP	TAMPA FL
TITLE NAME	T VEGA, NILDA <input type="checkbox"/> Delete
STREET ADDRESS	10234 PARSONS ST
CITY-ST-ZIP	TAMPA FL
TITLE NAME	_____ <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	T McGuigan, Carlos <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	(same)
CITY-ST-ZIP	
TITLE NAME	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **SIGNATURE REQUIRED** **4-26-00 348-9361**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)