FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **N48999** 1. Entity Name IGLESIA BAUTISTA SOBRE LA ROCA, INC. 04-30-2001 90369 027 ****70.00 Principal Place of Business Mailing Address 4211 N. HUBERT AVENUE 4211 N. HUBERT AVENUE **TAMPA FL 33614 TAMPA FL 33614** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0444802 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BOYER, GREGORY F 2522 LAKE ELLEN LANE **TAMPA FL 33618** 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) 9. Election Campaign Financing FILE NOW: **\$5.00** May Be Make Check Pavable to Trust Fund Contribution. FEE IS \$61.25 Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition ☐ Change DURAN, OSCAR NAME NAME STREET ADDRESS 12710 DUNHILL DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE ☐ Delete Change Change Addition NAME MCGUIGAN, CARLOS NAME STREET ADDRESS 2907 W PARIS ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE ☐ Delete TITLE Addition ☐ Change MORENO, PEDRO NAME STREET ADDRESS 3105 BRADDOCK ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE ☐ Delete TITLE ☐ Change Addition NAME JUAN, JOSE A STREET ADDRESS 7935 WOODGROVE CIR STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME VEGA, NILDA NAME STREET ADDRESS 10234 PARSONS ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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

SIGNATURE AND TYPED OR PR

changed, or on an attachment with an address, with all other like empowered.