


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90199 043 ****70.00

DOCUMENT # N48999
1. Entity Name
IGLESIA BAUTISTA SOBRE LA ROCA, INC.



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.
City & State City & State

4. FEI Number **65-0444802** Applied For
Not Applicable
5. Certificate of Status Desired **\$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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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 REQUIRED 4-9-03 3480965

CR2E037 (10/02)