FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000986 (9)

1. Corporation Name

THE ROCK OF HOREB CHRISTIAN CHURCH, INC.

Principal Place of Business	Mailing Address
36 HEATHASTER LN LEHIGH ACRES FL 33936	36 HEATHASTER LN LEHIGH ACRES FL 33936

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1994
3a. Date of Last Report:
4. FEI Number: ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 705 Leeland Hgts. Blvd.	26 205 E. 3rd ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lehigh Acres, Fl.	City & State 28 Lehigh Acres
Zip 24 33936 Country 25 Lee	Zip 29 33936 Country 30 Lee

9. Name and Address of Current Registered Agent

CASTILLO, AUGUSTO
36 HEATHASTER LN
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

31 Name: Samuel Rivera
32 Street Address (P.O. Box Number is Not Acceptable): 205 E. 3rd ST.
33 Lehigh Acres
34 City: FL 35 Zip Code: 33936

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Samuel Rivera P.D. — 4/27/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P.D.	☒ Change ☐ Addition
NAME	CASTILLO, AUGUSTO	1.2 NAME	Rivera Samuel	
STREET ADDRESS	36 HEATHASTER LN	1.3 STREET ADDRESS	205 E 3rd St.	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	1.4 CITY-ST-ZIP	Lehigh Acres, Fl. - 33936	
TITLE	TD	2.1 TITLE	T.D. Felipe Nieves	☒ Change ☐ Addition
NAME	CASTILLO, GLORIA	2.2 NAME		
STREET ADDRESS	36 HEATHASTER LN	2.3 STREET ADDRESS	5015 Lee Blvd.	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	2.4 CITY-ST-ZIP	Lehigh Acres, Fl. - 33931	
TITLE	SD	3.1 TITLE	S.D.	☒ Change ☐ Addition
NAME	RODRIQUEZ, LUZ M	3.2 NAME	Cosani, Castro Elsa	
STREET ADDRESS	706 ARTHUR AVE	3.3 STREET ADDRESS	1421 Pine Ave.	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	3.4 CITY-ST-ZIP	Lehigh Acres, Fl. - 33936	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS	JR 6/25 MEMO TO BE MAY 1	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Augusto Castillo — Augusto Castillo - 4/27/95 - 1-813-349-8714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000440