

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000986

1. Entity Name

THE ROCK OF HOREB CHRISTIAN CHURCH, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90047 012 ****66.25

Principal Place of Business

705 LEE LAND HGTS. BLVD.
 LEHIGH ACRES FL 33936
 US

Mailing Address

205 E. 3RD ST.
 LEHIGH ACRES FL 33936-5031
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

RIVERA, SAMUEL
 205 E. 3RD ST.
 LEHIGH ACRES FL 33936

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 ☐ Delete
 NAME SAMUEL, RIVERA
 STREET ADDRESS 205 E 3RD ST.
 CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD ☐ Delete
 NAME NIEVES, FELIPE
 STREET ADDRESS 5015 LEE BLVD.
 CITY-ST-ZIP LEHIGH ACRES FL 33931

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME GOSANI, CASTRO E
 STREET ADDRESS 1421 PINE AVE.
 CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP ☒ Delete
 NAME TORO, SAMUEL R
 STREET ADDRESS 907 RICHMOND AVE N
 CITY-ST-ZIP LEHIGH ACRES FL 33972-2915

TITLE ☒ Change ☐ Addition
 NAME ROQUE CASTRO JR.
 STREET ADDRESS 1421 PINE AV
 CITY-ST-ZIP Lehigh Acres, FL 33936 VP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Samuel Rivera
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2000

Date

941-368-3565

Daytime Phone #

CR2E037 (9/99)