

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000986

1. Entity Name

THE ROCK OF HOREB CHRISTIAN CHURCH, INC.

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90084 019 ****66.25

Principal Place of Business

Mailing Address

705 LEELEND HGTS. BLVD.
LEHIGH ACRES FL 33936
US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

TITLE PD ☒ Change ☐ Addition
NAME RIVERA, SAMUEL
STREET ADDRESS 205 E 3rd Street
CITY-ST-ZIP LEHIGH ACRES, FLA 33936

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

TITLE TD ☒ Change ☐ Addition
NAME ROSARIO, ENRIQUE
STREET ADDRESS 205 STEWART LANE
CITY-ST-ZIP LEHIGH ACRES, FLA 33936

TITLE SD ☒ Delete
NAME CASTILLO, AURA E
STREET ADDRESS 4704 4TH STREET WEST
CITY-ST-ZIP LEHIGH ACRES FL 33971

TITLE SD ☐ Change ☒ Addition
NAME VEGA, RAFAEL
STREET ADDRESS 4501 4th STREET WEST
CITY-ST-ZIP LEHIGH ACRES, FLA 33936

TITLE VP ☒ Delete
NAME ROSARIO, ENRIQUE
STREET ADDRESS 205 STEWART LANE
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE VP ☐ Change ☒ Addition
NAME ROSARIO, MIGDALIA
STREET ADDRESS 205 STEWART LANE
CITY-ST-ZIP LEHIGH ACRES, FLA 33936

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-2002 - 239-368-3565

Date

Daytime Phone #

CR2E037 (9/01)