FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400006154 (8)

FILED Jan 15 1998 8:00am Secretary of State

IGLESIA ROCA DE ESPERANZ	A, INC.							
Principal Place of Business	Mailing Address	Mailing Address IGLESTA ROCA DE ESPERANZA, INC PO BOX 15592 TAMPA FL 33684 US			OLEO OSERO INODE BUESE RODE TROU			
7209 n. manhattan ave. Tampa fl	PO BOX 15592 TAMPA FL 33684			3. Date Incorporated or Qualified 12/15/1994 4. FEI Number Applied For 59-3251788 Not Applicable				
2 Principal Place of Business	2a. Mailing Address 26	<u> </u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	#, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
City & State City & State 28)		7. Is this nonprofit corporation a homeowners association?				
Zip Country 25	Zip 30	Country	<i>'</i>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No				
9. Name and Address of Ci	urrent Registered Agent			10. Name and Address of New Registered Agent				
ROMERO, JESUS			Name Street Add	tress (P.O. Box Number Is Not Acceptable)				
4330 CHASE DR. ZEPHYRHILLS FL 33453		83		,	· · · · · · · · · · · · · · · · · · ·			
			City	FL	85 Zip Code			
 Pursuant to the provisions of Sections 617 office or registered agent, or both, in the agent. I am familiar with, and accept the 	State of Florida. Such change was auth	orized b	v the corpora	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	of changing its registered pointment as registered			
SIGNATURE								

agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstailing) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12											
12.	ÓFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICERS							
TITLE	PD	DELETE	1.1 TITLE	Romero, Jesus	p ≪1 Change	Addition					
NAME	ROMERO, JESUS		1.2 NAME	4036-D CORTEZ DR.							
STREET ADDRESS	4330 CHASE DR.		1.3 STREET ADDRESS	7050-D CORFEZ OIL		-					
CITY-ST-ZIP	ZEPHYRHILLS FL 33453		1.4 CITY-ST-ZIP	Tampa, FL 33614							
TITLE	PD	DELETE	2.1 TITLE		Change	Addition					
NAME	GALINDO, MARCOS		2.2 NAME	Galindo, MARCOS							
STREET ADDRESS	136		2.3 STREET ADDRESS	4207 N. HUDERT AVE							
CITY-ST-ZIP_	TAMPA FL		2. 4 CITY-ST-ZIP	TAMPA, FL 33614							
TITLE	D	DELETE	3,1 TITLE	VICE PRESIDENT	Change	Addition					
NAME	aponte, Jose		3.2 NAME	ANGELO RODRIGUEZ, JR							
STREET ADDRESS	5453 GEVEVIEVE CIRCLE		3.3 STREET ADDRESS	4032-3 CORTEZ DR.							
CITY-ST-ZIP	ZEPHYRHILLS FL		3.4. CITY-ST-ZIP	TAMPA, FL 33614							
TITLE	Ď	☐ DELETE	4.1 TITLE		Change	☐ Addition					
NAME	AVELAR, CARLOS		4. 2 NAME	J							
STREET ADDRESS	9905 MYRTLE ST, #A		4.3 STREET ADDRESS	<u> </u>							
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP								
TITLE	D	DELETE	5.1 TITLE		Change	Addition 1					
NAME	NUNEZ, MIGUEL	•	5.2 NAME								
STREET ADDRESS	1532 Gunsmith Dr.		5.3 STREET ADDRESS								
CITY-ST-ZIP	LUTZ FL 33549		5.4 CITY-ST-ZIP								
TITLE	SD	☐ DELETE	6.1 TITLE		Change	Addition					
NAME	TOSSAS, HUMBERTO		6.2 NAME	Tossas, Humberto 9216 Roundwood CT.							
STREET ADDRESS	4733 W WATERS AVE #1935		6.3 STREET ADDRESS	19216 Roundwood CT.							
0000 07 710	TAMPA FI		0.4.000/ 07 700	Thm = 22/16		ĺ					

14. I hereby certify that the Information supplied with this filling 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:

DISTRICTION OF PROPERTY D. NAME OF SCIENCE OF DIRECTOR DO DA CALLY FR. 1/7/98 813-882-9184

CR2F037 (10/97)