NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400006154

1. Corporation Name

IGLESIA ROCA DE ESPERANZA, INC. OF TAMPA, FLORID

Principal Place of Business

Mailing Address

7209 N. MANHATTAN AVE. TAMPA FL

IGLESTA ROCA DE ESPERANZA. INC PO BOX 15592

TAMPA FL 33684

FILED Feb 26, 1999 8:00 am § Secretary of State

02-26-1999 90013 037 ****61.25

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|--|---|--|--|
| | | | |

| | lace of Business | 2a. Mailing Address | | | 3. Date Incorporated or Qualifed | | | | |
|--------------------|--|--------------------------------------|--|---|--|----------------------------|---------------------------|--|--|
| | 13 N.47 ST. | 26 5903 N. 4 | 7 : | ۶7۰ | 12/15/1994 | 1 1. | | | |
| Suite, Apt. | | Suite, Apt. #, etc. | | | 4. FEI Number 59-3251788 | <u> </u> | plied For t Applicable | | |
| | 1PA, FL | 27 TAMPA, | | | 33 323 17 00 | \$8.75 | | | |
| City & State 3 3 4 | | 28 33610 | USI | 4 | 5. Certifcate of Status Desired | Fee Re | | | |
| Zip | Country | Zip | Country | | 6. Election Campaign Financing | \$5.00 | May Be | | |
| 24 | 25 | 29 30 | | | Trust Fund Contribution | Added | o Fees | | |
| | 9. Name and Address of Current I | Registered Agent | 10. Name and Address of New Registered Agent | | | | | | |
| | | | 81 | 81 Name | | | | | |
| ROMERO, | JESUS | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 4330 CHA | | | | | | | | | |
| | ILLS FL 33453 | | 83 | 83 | | | | | |
| LL: | | | 84 | 84 City 85 Zip Code | | | | | |
| | | | | · · | _ | FL T | | | |
| 11. Pursuant | to the provisions of Sections 617.0502 | and 617.1508, Florida Statutes, t | he above | -named corpo | pration submits this statement for the p | urpose of changing its | registered | | |
| office or fi | to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligatio | Florida. Such change was autho | nzea ov 1 | ine corporatio | in s poard of directors. I hereby accept | the appointment as re- | gistered | | |
| | in familiar that, and accept the congeni | | | | • | | 1 | | |
| SIGNATURE | Signature, typed or printed name of registered agent a | ind title if applicable. (NOTE: Regi | stered Agen | signature required | | DATE | | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFI | | | | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | | Change | Addition i | | |
| NAME | ROMERO, JESUS REV | | 1.2 NAME | | | | | | |
| STREET ADDRESS | 4036-D CORTEZ DR | | 1.3 STREET | ADDRESS | | | l | | |
| CITY-ST-ZIP | TAMPA FL 33614 | | 1.4 CITY-ST | -ZIP | | | | | |
| TITLE | TD | ☐ DELETE | 2.1 TITLE | | | Change | ☐ Addition | | |
| NAME | GALINDO, MARCOS | 1 | 2.2 NAME | | - | | ŀ | | |
| STREET ADDRESS | 4207 N HUBERT AVE | | 2.3 STREET | ADORESS | | | | | |
| CITY-ST-ZIP | TAMPA FL 33614 | | 2. 4 CITY-S | r- ZIP | | | | | |
| TILE | D | ☐ DELETE | 3.1 TITLE | | | Change | Addition \ | | |
| NAME | APONTE, JOSE | | 3.2 NAME | | | | | | |
| STREET ADDRESS | 5453 GEVEVIEVE CIRCLE | | 3.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | ZEPHYRHILLS FL | 1 | 3.4. CITY-S | r-ziP | | | | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | | ☐ Change | ☐ Addition | | |
| NAME | AVELAR, CARLOS | 1 | 4. 2 NAME | | | | } | | |
| STREET ADDRESS | A AN (A 11 A | | 4.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | TAMPA FL | · · | 4.4 CITY-S1 | -ZIP | | | | | |
| TITLE | VPD | ☐ DELETE | 5.1 TTLE | | | Change | ☐ Addition | | |
| NAME | RODRIGUEZ, ANGELO J JR., | | 5.2 NAME | | | | | | |
| STREET ADDRESS | 4032-D CORTEZ DR | ļ | 5.3 STREET | ADDRESS | ` | | ļ | | |
| CITY-ST-ZIP | TAMPA FL 33614 | | 5.4 CITY- \$1 | -ZIP | | | | | |
| TITLE | SD | ☐ DELETE | 6.1 TITLE | | · · · · · · · · · · · · · · · · · · · | Change | ☐ Addition | | |
| NAME | ACEVEDO, ELLIS D | i | 6.2 NAME | | | | | | |
| STREET ADDRESS | 8700 50TH ST., #805 | | 6.3 STREET | ADDRESS | | | | | |
| CITY-ST-7IP | TAMPA FL 33817 | | 6.4 CITY-ST | | | | | | |
| 14. I hereby o | ertify that the information supplied with | this filing does not qualify for the | exempti | on stated in S | ection 119.07(3)(i), Florida Statutes. I | further certify that the i | nformation | | |

indicated on this annual report or supplied with dias iming does not quality for the exemption stated in Section 19.07 (S)(i), Frontal statutes. I notifier certain that the same legal effect as if made under oath; that I am ar 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, with all other like empowered.