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Apr 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000001252 (3)

1. Corporation Name

ETERNAL ROCK PENTECOSTAL CHURCH INC.



Principal Place of Business

Mailing Address

2222 WHISPERING PINES DRIVE
TAMPA FL 33604

2222 WHISPERING PINES DRIVE
TAMPA FL 33604-2515

3. Date Incorporated or Qualified

03/04/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5130 Mendenhall Dr.
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3432403

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Tampa, Florida
Zip Country

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 33603

25 USA

29 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROMERO, ANGEL L REV.
2222 WHISPERING PINES DRIVE
TAMPA FL 33604

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

T
TITLE
NAME ANGEL L. ROMERO
STREET ADDRESS 2222 WHISPERING PINES DR.
CITY - ST - ZIP TAMPA, FLORIDA 33604

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Change Addition

T
TITLE
NAME RAFAEL PEREZ
STREET ADDRESS 2260 LONG NEEDLES CT.
CITY - ST - ZIP TAMPA, FLORIDA 33604

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change Addition

T
TITLE
NAME Evelyn Soto
STREET ADDRESS 4210 FAYE CT. #108
CITY - ST - ZIP TAMPA, FLORIDA 33610

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change Addition

T
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change Addition

T
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

T
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGEL L. ROMERO

2/22/97

(813) 915-0484

Daytime Phone # 0047124

CR2E037 (9/96)