

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90041 028 ****61.25

DOCUMENT # N96000001252

1. Corporation Name

ETERNAL ROCK PENTECOSTAL CHURCH INC.



* 4 7 0 4 1 5 - 9 0 0 4 1 - 2 8 5 *



Principal Place of Business

5120 MENDENHALL DR
TAMPA FL 33603
US

Mailing Address

2222 WHISPERING PINES DRIVE
TAMPA FL 33604

2. Principal Place of Business

21 8605 Florida Ave.

Suite, Apt. #, etc.

22 B

City & State

23 Tampa, Florida

Zip

24 33604

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

03/04/1996

4. FEI Number

59-3432403

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME ROMERO, ANGEL L

STREET ADDRESS 2222 WHISPERING PINES DR

CITY-ST-ZIP TAMPA FL 33604

TITLE ☐ DELETE

NAME DEREZ, RAFAEL

STREET ADDRESS 226 LONG NEEDLES CT

CITY-ST-ZIP TAMPA FL 33604

TITLE ☒ DELETE

NAME SOTO, EVELYN

STREET ADDRESS 6210 FAYE CT, 108

CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME PEREZ, RAFAEL

2.3 STREET ADDRESS 226 LONG NEEDLES CT

2.4 CITY-ST-ZIP TAMPA FL 33604

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME ROSARIO, MILDRED

4.3 STREET ADDRESS 226 LONG NEEDLES CT

4.4 CITY-ST-ZIP TAMPA FL 33604

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

A. Romero 4/25/99 (813)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)