

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 07 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 # **N96000004775 (0)**

1. Corporation Name

IGLESIA DE DIOS ROCA DE REFUGIO DE LAKELAND, INC



Principal Place of Business

**1250 E. PARKER STREET
LAKELAND FL 33801**

Mailing Address

**1250 E. PARKER STREET
LAKELAND FL 33801-2146**

3. Date Incorporated or Qualified
09/13/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

21 **1127 E. Lemon St**

2a. Mailing Address

26 **1250 E. Parker St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

Lakeland, Fl. 33801

City & State

Lakeland, Fl. 33801

Zip

33801

Country

Polk

Zip

33801

Country

Polk

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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

**OQUENDO, NYDIA L
1250 E. PARKER STREET
LAKELAND FL 33801**

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

TITLE **PD** ☐ DELETE
NAME **OQUENDO, NYDIA L**
STREET ADDRESS **1250 E. PARKER STREET**
CITY - ST - ZIP **LAKELAND FL 33801**

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

TITLE **SD** ☒ DELETE
NAME **HERNANDEZ, AIDA LUS**
STREET ADDRESS **6318 SWEETWATER DRIVE**
CITY - ST - ZIP **LAKELAND FL 33809**

2.1 TITLE **TD** ☐ Change ☒ Addition
2.2 NAME **Rosita Cedeno**
2.3 STREET ADDRESS **1335 E. Parker St**
2.4 CITY - ST - ZIP **Lakeland, Fl. 33801**

TITLE **XXX D** ☐ DELETE
NAME **LEBRON, HECTOR**
STREET ADDRESS **8135 BUCKSAW DRIVE**
CITY - ST - ZIP **ORLANDO FL 32517**

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

TITLE **D** ☐ DELETE
NAME **FONTANEZ, GENARO**
STREET ADDRESS **1250 E. PARKER STREET**
CITY - ST - ZIP **LAKELAND FL 33801**

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

TITLE **SD** ☐ DELETE
NAME **LEBRON, RAQUEL**
STREET ADDRESS **8135 BUCKSAW DRIVE**
CITY - ST - ZIP **ORLANDO FL 32817**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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

Nydia L. Oquendo

Date

Daytime Phone # **0052461**

2-28-97

CR2E037 (9/96)