

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**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90132 005 \*\*\*\*61.25

DOCUMENT # **N96000004775**

1. Corporation Name

**IGLESIA DE DIOS ROCA DE REFUGIO DE LAKELAND, INC**

Principal Place of Business

1127 E. LEMON ST  
LAKELAND FL 33801  
US

Mailing Address

1250 E. PARKER ST  
LAKELAND FL 33801  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/13/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3531980	
25 Country		29 Country		30	
5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Trust Fund Contribution		<input type="checkbox"/>			

9. Name and Address of Current Registered Agent

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

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 *Nydia L. Oquendo* (NOTE: Registered Agent signature required when reinstating) DATE **2-3-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	OQUENDO, NYDIA L	1.2 NAME	
STREET ADDRESS	1250 E. PARKER STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	CEDENO, ROSITA	2.2 NAME	
STREET ADDRESS	1335 E. PARKER ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	LEBRON, HECTOR	3.2 NAME	
STREET ADDRESS	8135 BUCKSAW DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	FONTANEZ, GENARO	4.2 NAME	
STREET ADDRESS	1250 E. PARKER STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
NAME	LEBRON, RAQUEL	5.2 NAME	
STREET ADDRESS	8135 BUCKSAW DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. 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: *Nydia L. Oquendo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-3-99** 941-682-2128  
Date Daytime Phone #

CR2E037 (11/98)