

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000004775**

1. Entity Name

IGLESIA DE DIOS ROCA DE REFUGIO DE LAKELAND, INC**FILED**
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90044 030 ****70.00

Principal Place of Business

Mailing Address

1127 E. LEMON ST
LAKELAND FL 33801
US1250 E. PARKER ST
LAKELAND FL 33801-2146
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3531980Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****OQUENDO, NYDIA L**
1250 E. PARKER STREET
LAKELAND FL 33801

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ DeleteNAME **PD**
STREET ADDRESS **OQUENDO, NYDIA L**
CITY-ST-ZIP **1250 E. PARKER STREET**
LAKELAND FL 33801TITLE ☐ DeleteNAME **TD**
STREET ADDRESS **CEDENO, ROSITA**
CITY-ST-ZIP **1335 E. PARKER ST**
LAKELAND FL 33801TITLE ☐ DeleteNAME **D**
STREET ADDRESS **LEBRON, HECTOR**
CITY-ST-ZIP **8135 BUCKSAW DRIVE**
ORLANDO FLTITLE ☐ DeleteNAME **D**
STREET ADDRESS **FONTANEZ, GENARO**
CITY-ST-ZIP **1250 E. PARKER STREET**
LAKELAND FL 33801TITLE ☐ DeleteNAME **SD**
STREET ADDRESS **LEBRON, RAQUEL**
CITY-ST-ZIP **8135 BUCKSAW DRIVE**
ORLANDO FLTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME
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CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

1-31-00

Date

Daytime Phone #