

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004775

1. Entity Name

IGLESIA DE DIOS ROCA DE REFUGIO DE LAKELAND, INC

Principal Place of Business

1211 NEW JERSEY DR
LAKELAND FL 33801
US

Mailing Address

1250 E. PARKER ST
LAKELAND FL 33801
US

2. Principal Place of Business

1250 E. Parker St.
Suite, Apt. #, etc.
LakeLand, FL
City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
33801

Country

Zip

Country

4. FEI Number

59-3531980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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

TITLE TD
NAME CEDENO, ROSITA
STREET ADDRESS 1335 E. PARKER ST
CITY-ST-ZIP LAKELAND FL 33801 ☐ Delete

TITLE D
NAME LEBRON, HECTOR
STREET ADDRESS 8135 BUCKSAW DRIVE
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90175 010 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)