2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000004775

1. Entity Name
IGLESIA DE DIOS ROCA DE REFUGIO DE LAKELAND, INC.

Principal Place of Business	Mailing Address
707 N TENNESSEE AVE LAKELAND, FL 33801 US	PO BOX 90251 LAKELAND, FL 33804 US

05232005 No Chg-NP CR2E037 (10/03)

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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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OQUENDO, NYDIA L
STREET ADDRESS	1250 E. PARKER STREET
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	TD
NAME	CEDENO, ROSITA
STREET ADDRESS	1335 E. PARKER ST
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	D
NAME	LEBRON, HECTOR
STREET ADDRESS	8135 BUCKSAW DRIVE
CITY-ST-ZIP	ORLANDO, FL
TITLE	D
NAME	FONTANEZ, GENARO
STREET ADDRESS	1250 E. PARKER STREET
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	SD
NAME	LEBRON, RAQUEL
STREET ADDRESS	8135 BUCKSAW DRIVE
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/25/05-60004-011 61.25

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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 8-22-05 (863) 619-2138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #