

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000928 (8)

1. Corporation Name

IGLESIA ROCA ETERNA, INC.

Principal Place of Business

Mailing Address

11505 COLONY HILL DR  
SEFFNER FL

P O BOX 1323  
BRANDON FL 33509



2. Principal Place of Business	2a. Mailing Address
21 1305 Blossom Brook Ct. Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Brandon, Florida	28
24 33511 Zip Country	29 Zip Country
25 USA	30

3. Date Incorporated or Qualified

02/19/1997

4. FEI Number

59-3427970

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

VELAZQUEZ, JUAN  
1305 BLOSSOM BROOK CT  
BRANDON FL 33509

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

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

(Juan Velazquez)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/98

12. OFFICERS AND DIRECTORS	
TITLE D	Director - Senior Pastor <input type="checkbox"/> DELETE
NAME	Rev. Juan Velazquez, Chair
STREET ADDRESS	1305 Blossom Brook Ct.
CITY-ST-ZIP	Brandon, Florida 33511
TITLE D	Director - Vice Chair <input checked="" type="checkbox"/> DELETE
NAME	Eliasil Lopez
STREET ADDRESS	1910 Red Fox Lane
CITY-ST-ZIP	Brandon, Florida 33510
TITLE D	Director - Treasurer <input type="checkbox"/> DELETE
NAME	Hector Toledo
STREET ADDRESS	115 Bloomingdale Villas Ct.
CITY-ST-ZIP	Brandon, FL 33511
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE D	Director - Vice-Chair <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sary L. Donato
2.3 STREET ADDRESS	1305 Blossom Brook Ct.
2.4 CITY-ST-ZIP	Brandon, Florida 33511
3.1 TITLE D	Director - Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hector Toledo
3.3 STREET ADDRESS	11305 N. 51St. St., Apt. E14
3.4 CITY-ST-ZIP	Tampa, FL 33617
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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. (Juan Velazquez)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/98 (813) 684-2059

CR2E037 (5/98)