

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006458

FILED
Jun 10, 2008
Secretary of State

Entity Name: ROSA DE SARON'S CHURCH, INC.

Current Principal Place of Business:

104 LEDWITH AVENUE
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

635 MULLEN AVENUE
HAINES CITY, FL 33844 US

New Mailing Address:

FEI Number: 74-3061557 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARTINEZ, VERONICA
635 MULLEN AVENUE
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOPEZ, JAVIER
Address: 104 LEDWITH AVE
City-St-Zip: HAINES CITY, FL 33844 US

Title: SD () Delete
Name: MARTINEZ, VERONICA
Address: 635 MULLEN AVENUE
City-St-Zip: HAINES CITY, FL 33844

Title: TD () Delete
Name: VASQUEZ, MARIA
Address: 1109 OLD POLK CITY ROAD
City-St-Zip: HAINES CITY, FL 33844

Title: TD () Delete
Name: RODRIGUEZ, ANGEL F
Address: 104 LEDWITH AVE
City-St-Zip: HAINES CITY, FL 33844

Title: TD () Delete
Name: PEREZ, ROBERTO C
Address: 104 LEDWITH AVE
City-St-Zip: HAINES CITY, FL 33844

Title: SD () Delete
Name: QUIEL, MARIA
Address: 104 LEDWITH AVE
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERONICA MARTINEZ

VM

06/10/2008

Electronic Signature of Signing Officer or Director

Date