

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90053 003 ****70.00

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1. Entity Name
**IGLESIA PENTECOSTAL ROCA DE SALVACION, ALPHA
& OMEGA, INC.**



Principal Place of Business
**290 MARION OAKS BOULEVARD
OCALA, FL 34473**

Mailing Address
**290 MARION OAKS BOULEVARD
OCALA, FL 34473**

30007453



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0923613

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLON, CARLOS J
11 PINE CIRCLE RUN
OCALA, FL 34472**

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

SIGNATURE

Carlos J. Colon

1/25/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **COLON, CARLOS J**
STREET ADDRESS **11 PINE CIRCLE RUN**
CITY-ST-ZIP **OCALA, FL 34472**

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

TITLE **T** ☒ Delete
NAME **NIEVES, GENEROSA**
STREET ADDRESS **14699 SW 41 AVE RD**
CITY-ST-ZIP **OCALA, FL 34473**

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

TITLE **S** ☒ Delete
NAME **TORRES, ROSA M**
STREET ADDRESS **1496 SW 25 CIRCLE**
CITY-ST-ZIP **OCALA, FL 34473**

TITLE ☐ Change ☒ Addition
NAME **S/P MIRTHA MALDONADO**
STREET ADDRESS **11 PINE CIRCLE RUN**
CITY-ST-ZIP **OCALA, FL 34472**

TITLE **V** ☒ Delete
NAME **CONCEPCION, NOEMI**
STREET ADDRESS **16811 SW 47TH CT RD**
CITY-ST-ZIP **OCALA, FL 34473**

TITLE ☐ Change ☒ Addition
NAME **V/T GENEROSO NIEVES**
STREET ADDRESS **14699 SW 41 AVE RD**
CITY-ST-ZIP **OCALA, FL 34473**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **C THANIA ROSARIO**
STREET ADDRESS **SW 43 TERRACE RD**
CITY-ST-ZIP **OCALA, FL 34473**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #