

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000003290

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**



07032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0923613

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PELLOT, LUIS
SW 43 TERRACE RD
OCALA, FL 34473**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MALDONADO, MIRTA
11 PINE CIRCLE RUN
OCALA, FL 34472**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RIVERA, LISANDRO
3994 SW 169 LANE RD
OCALA, FL 34493**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000767727
07/10/07-80017-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Carlos J. Colon

Carlos J. Colon

7/3/07

352 454-3214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #