## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000006271

FILED Apr 30, 2009 Secretary of State

Entity Name: IGLESIA CRISTIANA DE LA FAMILIA, MINISTERIO: ROCA FUERTE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 908 BLACK KNIGHT DR 908 E WINDHORST RD VALRICO, FL 33594 SEFFNER, FL 33584 **Current Mailing Address: New Mailing Address:** 908 BLACK KNIGHT DR 908 E WINDHORST RD VALRICO, FL 33594 SEFFNER, FL 33584 US FEI Number: 59-3631804 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEL RIO, ROLANDO DEL RIO, ROLANDO 908 BLAĆK KNIGHT DR 908 E WINDHORST RD VALRICO, FL 33594 SEFFNER, FL 33584 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: 04/30/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition DEL RIO, ROLANDO J DEL RIO, ROLANDO J Name: Name: 908 BLACK KNIGHT DR Address: 908 E WINDHORST RD Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: SEFFNER, FL 33584 Title: () Delete Title: () Change () Addition WILLIAMS, MOZEL Name: Name: Address: 420 KINGSTON AVE APT 4 Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: Title: () Delete Title: () Change () Addition ALVARADO, AWILDA Name: Name: 3104 BRYAN RD. Address: Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: Title: VD ( ) Delete Title: () Change () Addition VALCARZAR, GLORIA Name: Name: 501 RAPID FALLS DR. Address: Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: Title: Title: () Delete () Change () Addition DEL RIO, MIRIAM Name: Name: 606 SANDY CREEK DR Address: Address: BRANDON, FL 33511 City-St-Zip: 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: ROLANDO DEL RIO PD 04/30/2009