

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90116 026 ****61.25

DOCUMENT # N99000006271



1. Entity Name
**IGLESIA CRISTIANA DE LA FAMILIA, MINISTERIO: ROC
A FUERTE, INC.**

Principal Place of Business Mailing Address
**3104 S. BRYAN RD P.O. BOX 1524
BRANDON FL 33511 BRANDON FL-33509
US US**

90135226



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address
3104 Bryan Rd. 3104 Bryan Rd.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Brandon Florida Brandon Fla
Zip Country Zip Country
33511 U.S. 33511 U.S.

4. FEI Number **59-3631804** Applied For
Not Applicable

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

ACOSTA, JOSE
3104 SOUTH BRYAN RD
BRANDON FL 33511

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 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 NAME STREET ADDRESS CITY-ST-ZIP	PO ACOSTA, JOSE 834 TEALWOOD DR. APT. 104 BRANDON FL 33510 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3104 Bryan Rd. Brandon FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARQUEZ DELGADO, GERONIMO 216 MORNINGSIDE LP. VALRICO FL 33594 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD Diaz, Edwin 4323 Horseshoe Pick Ln. Valrico FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ACOSTA, MIRIAM 834 TEALWOOD DR. APT. 104 BRANDON FL 33510 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3104 Bryan Rd Brandon FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEL RIO, ROLANDO 501 RAPID FALLS DR. BRANDON FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DEL RIO, MIRIAM 501 RAPID FALLS DR. BRANDON FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 PRINTED Jose Acosta** 4/15/03 (813) 571-9777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)