


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000002087 1. Entity Name HOLY ROCK TABERNACLE, INCORPORATED	
--	---

Principal Place of Business 1031 IVES DAIRY ROAD MIAMI, FL 33179	Mailing Address 1031 IVES DAIRY ROAD MIAMI, FL 33179
--	--

DO NOT WRITE IN THIS SPACE



04292004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1092406	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AKPODIETE, ALEXANDER ESQ.
 1031 IVES DAIRY ROAD, #228
 MIAMI, FL 33179

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000151889
 05/04/04-80055-017 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKPODIETE, ALEXANDER O 1031 IVES DAIRY ROAD, #228 MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBAMWONYI, BRENDA ADA 3014 BURNSIDE DRIVE FREDERICK, MD 21702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKPODIETE, MARSHA 1031 NE IVEO DAIRY RD. MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4/29/04** **305-914-5688**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #