2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005
Secretary of State

DOCUMENT# N04000002534

Entity Name: ROCK HOUSE MINISTRIES, INC.

Current Principal Place of Business:

4848 POMPANO DRIVE
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

4848 POMPANO DRIVE
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

P.O. BOX 1244
NEW PORT RICHEY, FL 34656 US

FEI Number: 20-0984594 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BROWN, CINDY A
4848 POMPANO DRIVE
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BROWN, KENNETH E
Address: 4848 POMPANO DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VP ( ) Delete
Name: NEWCOMER, SHIRLEY
Address: 6868 CORONET DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: S/T ( ) Delete
Name: SNOW, DAWN
Address: 3001 WESTMORELAND CT.
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: DIR ( ) Delete
Name: BROWN, KENNETH E
Address: 4848 POMPANO DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: DIR ( ) Delete
Name: NEWCOMER, SHIRLEY
Address: 6868 CORONET DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: DIR ( ) Delete
Name: SNOW, DAWN
Address: 3001 WESTMORELAND CT.
City-St-Zip: NEW PORT RICHEY, FL 34655 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: OWEN, TOM
Address: 6313 ABERDEEN
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change ( ) Addition
Name: OWEN, TOM
Address: 6313 ABERDEEN
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KENNETH E. BROWN PRES 05/09/2005
Electronic Signature of Signing Officer or Director — Date