2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000577

FILED Apr 12, 2008 Secretary of State

Entity Name: THE ROCK CHRISTIAN FELLOWSHIP CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: KING'S INN BANQUET CENTER 8016 ARLINGTON EXPY JACKSONVILLE, FL 32211 **New Mailing Address: Current Mailing Address:** PO BOX 8211 JACKSONVILLE, FL 322398211 FEI Number: 57-1217431 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: HOWARD, WAYNES 2568 GREEN SPRING DR US JACKSONVILLE, FL 32246 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HOWARD, WAYNE S Name: Name: 2568 GREEN SPRING DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HOWARD, NATALIE A Name: Address: 2568 GREEN SPRING DR Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: Title: () Delete Title: () Change () Addition HOWARD, MCKINLEY SR Name: Name: 5445 MATANZAS WAY Address: Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: MORRIS, JAMES M Address: Address: 1811 ROGERO RD APT 304 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32211 Title: () Delete Title: () Change (X) Addition WILLIAMS, MARY N Name: Name: 2568 GREEN SPRING DR Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32246

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: NATALIE A. HOWARD ADMN 04/12/2008