

FILE NOW: FILING FEE IS \$61.25

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**Mar 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mprtham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39076 (7)
1. Corporation Name
CHURCH ON THE ROCK OF LEE COUNTY, INC.



Principal Place of Business 1629 SE 47TH ST CAPE CORAL FL 33904 US	Mailing Address 1629 SE 47 ST CAPE CORAL FL 33904 US
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3. Date Incorporated or Qualified 07/09/1990	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 65-0238536		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent
**WRIGHT, DAVID E II
1629 SE 47TH ST
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	NAME ALEXANDER, DANNY	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8050 DICKIE DRIVE	CITY-ST-ZIP JACKSONVILLE FL 32218	1.2 NAME	
	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE VP	NAME ROSENSTERN, FRANK	1.4 CITY-ST-ZIP	
STREET ADDRESS PO BOX 16257	CITY-ST-ZIP JACKSONVILLE FL 32445	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME	
TITLE DS	NAME WRIGHT, DAVID	2.3 STREET ADDRESS 6710 COLLINS RD - # 2313	
STREET ADDRESS 1629 SE 4TH STREET	CITY-ST-ZIP CAPE CORAL FL	2.4 CITY-ST-ZIP JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.1 TITLE	
TITLE	NAME	3.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS 1625 SW 32nd ST	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS 1625 SW 32nd ST	
TITLE	NAME	4.4 CITY-ST-ZIP CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	
	<input type="checkbox"/> DELETE	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	
TITLE	NAME	6.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: (DAVID E WRIGHT II) FEB. 4, 1998 (941-542-7770)

CP2E037 (10/97)