


FILE NOW: FILING FEE IS \$61.25

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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90038 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000002060					
1. Corporation Name CHRIST THE ROCK COMMUNITY CHURCH, INC.					
Principal Place of Business 11000 STIRLING RD FT LAUDERDALE FL 33328 US			Mailing Address 11000 STIRLING RD FT LAUDERDALE FL 33328 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/04/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		65-0414663	
24		25		29	
26		27		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
WAGNER, JOHN J 15735 NW 10 ST PEMBROKE FL 33028			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		
Change to →			11000 Stirling Road Ft. Lauderdale FL 33328		
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			DATE		
John J. Wagner			1/8/99		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE			1.1 TITLE		
NAME			1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
D			2.1 TITLE		
JOHN J. WAGNER			2.2 NAME		
15735 NW 10 ST			2.3 STREET ADDRESS		
PEMBROKE PINES FL			2.4 CITY-ST-ZIP		
D			3.1 TITLE		
MARGIE WAGNER			3.2 NAME		
15735 NW 10 ST			3.3 STREET ADDRESS		
PEMBROKE PINES FL			3.4 CITY-ST-ZIP		
D			4.1 TITLE		
DENNIS RODE			4.2 NAME		
11564 SW 59 CT			4.3 STREET ADDRESS		
COOPER CITY FL 33330			4.4 CITY-ST-ZIP		
D			5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
D			6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** John J. Wagner

1/8/99

954-680-7779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)