

**2005 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

Amended
FILED

05 NOV -7 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N93000002060					
1. Entity Name CHRIST THE ROCK COMMUNITY CHURCH, INC.					
Principal Place of Business 11000 STIRLING RD COOPER CITY, FL 33328 US		Mailing Address 11000 STIRLING RD COOPER CITY, FL 33328 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0414663	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
DE JESUS, NEAL 11000 STIRLING ROAD COOPER CITY, FL 33328		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <i>Neal R de Jesus VPS</i>		(NOTE: Registered Agent signature required when reinstating)		DATE 10/19/05	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DPC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROSS, LAGUARDIA S		NAME		
STREET ADDRESS	11000 STIRLING ROAD		STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY, FL 33328		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE JESUS, NEAL		NAME	100061221461	
STREET ADDRESS	11000 STIRLING RD		STREET ADDRESS	11/07/05--01063--019 **61.95	
CITY-ST-ZIP	COOPER CITY, FL 33328		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANTHONY, CORWIN		NAME		
STREET ADDRESS	11000 STIRLING ROAD		STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY, FL 33328		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUCCI, AUGUSTO		NAME	D/P/C BUCCI, AUGUSTO	
STREET ADDRESS	1100 STIRLING ROAD		STREET ADDRESS	11000 STIRLING ROAD	
CITY-ST-ZIP	COOPER CITY, FL 33328		CITY-ST-ZIP	COOPER CITY, FL 33328	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHINELLY, JR, JOHN		NAME	S/B 11000	
STREET ADDRESS	1100 STIRLING ROAD		STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY, FL 33328		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELDON, YVONNE		NAME	S/B 11000	
STREET ADDRESS	1100 STIRLING ROAD		STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY, FL 33328		CITY-ST-ZIP		
12. 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 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: <i>Neal R de Jesus</i>		NAME OF SIGNING OFFICER OR DIRECTOR: NEAL R de Jesus		DATE: 10/20/05	
				Daytime Phone #: 954 680-7779	