FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000002152 (6)**

1. Corporation Name

THE ROCK OF AGES CHURCH, INCORPORATED

Principal Place of Business	Mailing Address
1125-A SE 4TH STREET GAINESVILLE FL 32601	P O BOX 744 GAINESVILLE FL 32602

3. Date Incorporated or Qualified: 04/28/1994	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3240942	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KEITH, DELORES R
1120 NW 45TH AVENUE
GAINESVILLE FL 32601

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KEITH, DELORES		1.2 NAME	
STREET ADDRESS	1120 NW 45TH AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32601		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KING, DOLLIE R		2.2 NAME	
STREET ADDRESS	405 SW 8TH AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32601		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	POLKE, JACQUELINE R		3.2 NAME	
STREET ADDRESS	103 FRANKLIN AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ARCHER FL 32646		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HENRY, SCHERWIN		4.2 NAME	
STREET ADDRESS	2336 NE 3 PL		4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32602		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	OSOBA, BABAJIDE		5.2 NAME	
STREET ADDRESS	1359 NE 31 AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32609		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, IDA M		6.2 NAME	
STREET ADDRESS	505 NE 20 ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32601		6.4 CITY-ST-ZIP	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Delores Keith 4-9-96 (352-393-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Delores Keith (352-377-1990