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Feb 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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**

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 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/28/1994

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

**KEITH, DELORES R
2523 N.E. 5TH PLACE
GAINESVILLE FL 32641**

81 Name **Jacqueline R. Polke**

82 Street Address (P.O. Box Number is Not Acceptable)
103 South Franklin Ave.

83

84 City **Archer**

FL

85 Zip Code
32618

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 agent 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

Jacqueline R. Polke

Jacqueline R. Polke, Director

2/20/98

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **KEITH, DELORES**
STREET ADDRESS **2523 N.E. 5TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☒ DELETE

NAME **KING, DOLLIE R**
STREET ADDRESS **405 SW 8TH AVENUE**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE **D** ☐ DELETE

NAME **POLKE, JACQUELINE R**
STREET ADDRESS **103 FRANKLIN AVE**
CITY-ST-ZIP **ARCHER FL 32646**

TITLE **D** ☒ DELETE

NAME **HENRY, SCHERWIN**
STREET ADDRESS **2338 NE 3 PL**
CITY-ST-ZIP **GAINESVILLE FL 32602**

TITLE **D** ☒ DELETE

NAME **OSOBA, BABAJIDE**
STREET ADDRESS **1359 NE 31 AVE**
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE **D** ☒ DELETE

NAME **MOORE, IDA M**
STREET ADDRESS **505 NE 20 ST**
CITY-ST-ZIP **GAINESVILLE FL 32601**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Director**
1.3 STREET ADDRESS **Deloris Brown**
1.4 CITY-ST-ZIP **611 Broadwalk Blvd.
Archer, FL 32618**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Director**
2.3 STREET ADDRESS **Clarence E. Polke**
2.4 CITY-ST-ZIP **103 South Franklin Ave.
Archer, FL 32618**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

Jacqueline R. Polke

February 20, 1998 (352) 371-3570

CR2E037 (10/97)