FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600004340 (3)

ROCK CHURCH OF WEST VOLUSIA, INC.

Principal Plac	e of Business	Mailing Address				
		1706 S WOODLAND BLVD DELAND FL 32720		3. Date Incorporated or Qualified 08/19/1996		
				4. FEI Number 59-3410172		lied For Applicable
2. Principal P	lace of Business	2a. Mailing Address 26			\$8.75 Ac	iditional
Suite, Apt. #. etc. 22 555 E. University		Suite, Apt. #, etc.	Hy De.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Ma	
City & State	\(\frac{1}{2}\)	City & State 28 Deland, 7	1	7. Is this nonprofit corporation a home		·
24 3 2 1	Chuntry 25 Yolusia	Zip 29 32730 30	Country	This corporation owes or has paid to Personal Property Tax due June 30 Name and Address of New Regis	Yes 🗆	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name						
CUDA, VINCE 82 Street Ac			DO Ctores Adde	ress (P.O. Box Number is Not Acceptable)		
2900 BETTY DR			82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
DELAND FL 32720			83			
			84 City		FL 85 Zip Co	ode
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 .						
12.	Signature, typed or printed name of registered agen OFFICERS AND		gistered Agent signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE	IN 12
TITLE	D	DELETE	1.1 TITLE	ADDITIONO/OTA MACEO TO OTA TOCK	Change	Addition
NAME	CUDA, VINCE	·	1.2 NAME		•	_
STREET ADDRESS	2900 BETTY DR	ľ	1.3 STREET ADDRESS			ĺ
CITY-ST-ZIP	DELAND FL 32720		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		Change	Addition
NAME	CUDA, PHYLIS J		2.2 NAME			1
STREET ADDRESS	2900 BETTY DR		2.3 STREET ADDRESS			ĺ
CITY-ST-ZIP	DELAND FL 32720		2. 4 CITY - ST - ZIP			
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME	GUTHRIE, JACK A		3.2 NAME			
STREET ADDRESS	733 MOCKINGBIRD LANE	1	3.3 STREET ADDRESS			
CITY-ST-ZIP	DELAND FL		3.4. CITY - ST - ZIP			T-10 20 100
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS		j	4.3 STREET ADDRESS			J
CITY-ST-ZIP	<u> </u>	DCIETE	4.4 CITY-ST-ZIP		Chance	1 Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME		j	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.2 NAME

14. Thereby 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 priceiver or truefee 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 attrachment with an address.

SIGNATURE:

DELETE

1

FILED

May 19 1998 8:00am

Secretary of State

☐ Change ☐ Addition