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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90185 039 ****61.25

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DOCUMENT # N96000004340

1. Corporation Name

ROCK CHURCH OF WEST VOLUSIA, INC.
MY REFUGE CHRISTIAN CENTER INC.

* 403628 - 90185 - 39 *

Principal Place of Business	Mailing Address
555 E UNIVERSITY ORANGE CITY FL 32763 US	2900 BETTY DR DELAND FL 32720 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 10 Ruckert Circle	26 10 Ruckert Circle	08/19/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3410172 ☐ Applied For ☐ Not Applicable
22 Deland, FL.	27 Deland, FL.	
City & State	City & State	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
23 32720 Volusia	28 32720 Volusia	
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
24 25	29 30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CUDA, VINCE 2900 BETTY DR DELAND FL 32720	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	CUDA, VINCE		1.2 NAME		
STREET ADDRESS	2900 BETTY DR		1.3 STREET ADDRESS		
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		
STREET ADDRESS	2900 BETTY DR		2.3 STREET ADDRESS		
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		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
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 4/16/99 407-775-4877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)