


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90138 009 ****70.00

DOCUMENT # N98000002416

1. Entity Name
CHRIST IS THE ROCK OUTREACH MINISTRY, INC.



Principal Place of Business 200 GRAY ROAD QUINCY, FL 32353	Mailing Address P.O. BOX 991 QUINCY, FL 32353
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04302005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GREEN, WILLIE C
 512 SATSUMA AVENUE
 PANAMA CITY, FL 32401**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
 Due by May 1, 2005

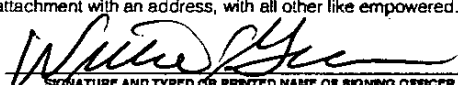
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. GREEN, WILLIE C 512 SATSUMA AVENUE QUINCY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, REGINA RT 2 BOX 596 HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, CHRISTINA RT 7 BOX 1659 QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATES, EUNICE 2003 E. 9TH CT PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, FLOZELL 714 E. 13TH ST PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  _____

 Date Daytime Phone #