FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ' ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

1. Corporation	CH ON THE ROCK OF LE	, ,)				
Principal Place	e of Business	Mailing Address					
1629 SE 47TH ST CAPE CORAL FL 33904 US		1629 SE 47 ST CAPE CORAL FL 33804 US				3. Date incorporated or Qualified 07/09/1990 4. FEI Number Applied For	
						65-0238536 Not Applicable	
2. Principal P	lace of Business	28. Mailing Address	Mailing Address			Sertificate of Status Desired Sertificate of Status Desired	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & State	e	City & State				7. Is this nonprofit corporation a homeowners association? Yes No	
Zip 14	Country Zip 25 29		30	Country		This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Registered Agent	
1629 SE	, DAVID E II E 47TH ST ORAL FL 33904			82 83 84	Street /	Address (P.O. Box Number is Not Acceptable)	
	to the provisions of Sections 617.05 egistered agent, or both, in the Sta m familiar with, and accept the obli	502 and 617.1508, Florida te of Florida Such change igations of, Section 617.050	Statutes, was auth 03, Florida	the above orized by a Statutes	e-named the corp s.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE .	Signature, typod or printed name of registered a	sgent and title it applicable	(NOTE: Re	gistered Age	nt signature	required when reinstating) DATE	
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	DELET	Œ	1.1 TITLE		Change Addition	
NAME	ALEXANDER, DANNY			1.2 NAME			
STREET ADDRESS	8050 DICKIE DRIVE			1.3 STREET	ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32216			1.4 CITY-ST-ZIP			
TITLE	VP	☐ DELET	TE	2.1 TITLE		Spenis = all = all Change Addition	
NAME	ROSENSTERN, FRANK		-	2.2 NAME		ROSENSTERN, FRANK 6710 COLLINS RD - # 2313	
STREET ADDRESS	PO BOX 16257			2.3 STREET ADDRESS		6710 COLLINS KN - F DOIS	
CITY-ST-ZIP	JACKSONVILLE FL 32445			2.4 CITY-ST-ZIP		MACKSONVILLE FL 322,44	
TITLE	DS	DELET	lt	3.1 TITLE		PTD WChange Addition	
NAME	WRIGHT, DAVID			3.2 NAME		WRIGHT, DAVID 1625 SW 32nd ST	
STREET ADDRESS	1629 SE 4TH STREET			3.3 STREET	ADDRESS	1025 SW DEME SI	

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 receiver of true empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 617 in the receiver of the corporation or the receiver of true empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 617.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NAME

CAPE CORAL FL

1629 SE 4TH STREET

CAPE CORAL

WRIGHT, CHEREE'S

33914

Change

Change

Change

Addition

Addition

FILED

Mar 03 1998 8:00am

Secretary of State