

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000006812

**Entity Name:** R.O.C.K. FAMILY MINISTRIES INC.

**Current Principal Place of Business:**

1814 FALLS OF VENICE CIRCLE  
VENICE, FL 34292

**Current Mailing Address:**

1814 FALLS OF VENICE CIRCLE  
VENICE, FL 34292 US

**FEI Number:** 20-5124573

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KOZLOWSKI, STEVEN J  
1814 FALLS OF VENICE CIRCLE  
VENICE, FL 34292 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P/P  
Name KOZLOWSKI, STEVEN J  
Address 1814 FALLS OF VENICE CIRCLE  
City-State-Zip: VENICE FL 34292

Title D/B  
Name KOTARA, DON  
Address 1814 FALLS OF VENICE CIRCLE  
City-State-Zip: VENICE FL 34292

Title D/B  
Name SALINAS, MICHAEL  
Address 1814 FALLS OF VENICE CIRCLE  
City-State-Zip: VENICE FL 34292

Title VP, DIRECTOR  
Name KOZLOWSKI, CATHY S  
Address 1814 FALLS OF VENICE CIRCLE  
City-State-Zip: VENICE FL 34292

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVEN KOZLOWSKI

**PRESIDENT/ PASTOR**

**03/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date