

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT



FILED

07 MAY 29 AM 8:23

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # 717399</b> 1. Entity Name <b>FIRST BAPTIST CHURCH OF ROCK SPRINGS, INC.</b>					
Principal Place of Business <b>4490 NORTH ROCKLEDGE RD APOPKA, FL 32712</b>		Mailing Address <b>P.O. BOX 1653 APOPKA, FL 32704-1653</b>			
2. Principal Place of Business - No P.O. Box # <i>Changes on separate sheet</i> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		05222007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>59-1967748</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GODLOVE, CARLETTA 3 ANITA CT SORRENTO, FL 32776</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FCM BLUME, JOE 444 WINNWAY ST APOPKA, FL 32712	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Changes on separate sheet.</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GODLOVE, CARLETTA 3 ANITA COURT SORRENTO, FL 32776	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100103984001 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/06/07--01038--006 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DREWS, GLENDA 444 WINNWAY ST APOPKA, FL 32712	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Changes on separate sheet</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Carletta M. Godlove</i>			_____ Date _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Corrections for Block #1  
Principal address;  
4490 North Rock Springs Rd.

Corrections for Block #11  
FC  
Charles Henderson  
2635 Rock Springs Rd.  
Apopka, Florida 32712

S  
Glenda Andrews  
10 West Skylark  
Apopka, Florida 32712