NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED 2004 90019 030 ****70.00
734718

FILED
Dec 21, 2004 8:00 A.M.
Secretary of State

DOCUMENT # 734718

1. Entity Name
On This Rock I'll Build My Church, Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 04
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2. Principal Place of Business	3. Mailing Address
2520 NW 6th St Blvd	1733 S.W. 5th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ft. Laud, Fla.	Ft. Laud, Fla.
Zip 333-11 Country U.S.A.	Zip 33312 Country USA

4. FEI Number 06-1715418 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Dr. Lois J. Delevoe

Street Address (P.O. Box Number is Not Acceptable): 1733 S.W. 5th St.

City: Ft. Laud. FL Zip Code: 33312

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.

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12/22/04--01066--008 **166.25

SIGNATURE: Dr. L. J. D.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Dr. Lois J. Delevoe 1733 S.W. 5th St Ft. Laud, Fla. 33312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary – Elder Samuel James Delevoe 1733 S.W. 5th St. Ft. Laud, Fla. 33312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Minister Treasury Patrice Delevoe 1733 S.W. 5th St. Ft. Laud, Fla. 33312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Minister Johnnie Alexander 1109 N.W. 23rd Ave. Ft. Lauderdale, Fla. 33311 Board Member
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dr. Lois J. Delevoe 4-30-04 954-767-0197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 12-13-04 Daytime Phone #