

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # 734718

1. Entity Name
ON THIS ROCK I'LL BUILD MY CHURCH, INC.



Principal Place of Business
**2520 N.W. 6TH ST. BLVD.
FT. LAUDERDALE, FL 33313 US**

Mailing Address
**1733 S.W. 5TH STREET
FORT LAUDERDALE, FL 33312**



04232007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1767287

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DELEVOE, LOIS J DR.
1733 S.W. 5TH STREET
FT. LAUDERDALE, FL 33312**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 DELEVOE, LOIS J. 1733 S.W. 5TH STREET FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELEVOE, SAMUEL J. 1733 S.W. 5TH STREET FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELEVOE, PATRICE 1733 S.W. 5TH STREET FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM ALEXANDER, JOHNNY 1109 NW 23 TERRR FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/21/07-80018-030 70.00

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.

SIGNATURE:

Dr. Lois J. Deleve
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-07-954-767

Date

Daytime Phone #

0197