## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 740751** 

FILED Feb 25, 2009 Secretary of State

Entity Name: ROCK CREEK, INC.					
Current P	rincipal Place	e of Business:	New Principal Place	of Business:	
	ONEBRIDGE F CITY, FL 330:				
Current Mailing Address:			New Mailing Address:		
	ONEBRIDGE F CITY, FL 330				
FEI Number:	: 59-2003983	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
4441 STIR FT LAUDE	N, IRVIN W LING ROAD ERDALE, FL 3				
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR					
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	T ( CANNER, WAY 11745 BERRY COOPER CITY	DRDIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S ( NEUMANN, ST 31 CHESTNUT COOPER CITY	CIRCLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P ( MASON, STEV 11425 WAYNE COOPER CITY	DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( PEKAREK, JAI 11725 KIMMIE COOPER CITY	DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( AVIDOR, AZRI 26 FOREST C COOPER CITY	RCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CARL D ROSENDORF, AGENT **MGR** 02/25/2009

MINNAUGH. VIĆKI

17905 NW 15TH ST.

PEMBROKE PINES, FL

Name:

Address:

City-St-Zip: