

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 742554

1. Entity Name

ROCK OF AGES GOSPEL BAPTIST CHURCH, INC.



Principal Place of Business

5710 EARL CIRCLE NORTH
JACKSONVILLE FL 32219

Mailing Address

5710 EARL CIRCLE NORTH
JACKSONVILLE FL 32219



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/06)

4. FEI Number

59-1790948

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, BENJAMIN W
5710 EARL CIRCLE NORTH
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By September 6, 2006

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 PD ☐ Delete
NAME WILLIAMS, BENJAMIN W
STREET ADDRESS 5710 EARL CIRCLE NORTH
CITY-ST-ZIP JACKSONVILLE FL 32219

TITLE TD ☐ Delete
NAME WILLIAMS, JONATHAN II
STREET ADDRESS 5710 EARL CIRCLE NORTH
CITY-ST-ZIP JACKSONVILLE FL 32219

TITLE D ☐ Delete
NAME WILLIAMS, DORIS L
STREET ADDRESS 5710 EARL CIRCLE NORTH
CITY-ST-ZIP JACKSONVILLE FL 32219

TITLE SD ☐ Delete
NAME WILLIAMS, MARY
STREET ADDRESS 11574 SUNKEN MEADOW
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE D ☐ Delete
NAME WILLIAMS, SAMUEL
STREET ADDRESS 6190 ROCK SPRING RD
CITY-ST-ZIP LITHONIA GA 30058

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Benjamin W Williams

7-18-06 904-764-2648