

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742554

FILED
Jan 05, 2009
Secretary of State

Entity Name: ROCK OF AGES GOSPEL BAPTIST CHURCH, INC.

Current Principal Place of Business:

5710 EARL CIRCLE NORTH
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

5710 EARL CIRCLE NORTH
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 59-1790948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, BENJAMIN W
5710 EARL CIRCLE NORTH
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, BENJAMIN W
Address: 5710 EARL CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32219

Title: TD () Delete
Name: WILLIAMS, JONATHAN II
Address: 5710 EARL CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32219

Title: D () Delete
Name: WILLIAMS, DORIS L
Address: 5710 EARL CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32219

Title: SD () Delete
Name: WILLIAMS, MARY
Address: 11574 SUNKEN MEADOW
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: WILLIAMS, SAMUEL
Address: 6190 ROCK SPRING RD
City-St-Zip: LITHONIA, GA 30058

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: BENJAMIN W WILLIAMS

PD

01/05/2009

Electronic Signature of Signing Officer or Director

Date