

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90012 050 ****61.25

DOCUMENT # 752246

1. Entity Name

ROCKLEDGE CHURCH OF CHRIST, INCORPORATED

Principal Place of Business

Mailing Address

2390 S. FISKE BLVD.
 ROCKLEDGE FL 32955-3404
 US

P.O. BOX 560417
 ROCKLEDGE FL 32956-0417
 US

004001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2134420

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREAKFIELD, LOIS
2390 S. FISKE BLVD.
ROCKLEDGE FL 32955

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.

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD BREAKFIELD, P. THOMAS III**
 STREET ADDRESS **945 BLUEGRASS LANE**
 CITY-ST-ZIP **ROCKLEDGE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD BOGLE, JIM L.**
 STREET ADDRESS **5675 S TROPICAL TRAIL**
 CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T BURKEY, BELINDA**
 STREET ADDRESS **891 JAMESTOWN DRIVE**
 CITY-ST-ZIP **ROCKLEDGE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD GOMP, RAYMOND H.**
 STREET ADDRESS **925 MEADOWLARK LANE**
 CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D COX, MONTY P.**
 STREET ADDRESS **2402 FRIDAY CIR**
 CITY-ST-ZIP **COCOA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *P. Thomas Breakfield III* P. THOMAS BREAKFIELD III 1-5-00 321-631-1696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)