

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752246

FILED
Apr 24, 2006
Secretary of State

Entity Name: ROCKLEDGE CHURCH OF CHRIST, INCORPORATED

Current Principal Place of Business:

2390 S. FISKE BLVD.
ROCKLEDGE, FL 329553404 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560417
ROCKLEDGE, FL 329560417 US

New Mailing Address:

FEI Number: 59-2134420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROWELL, KELLY
2390 S. FISKE BLVD.
ROCKLEDGE, FL 32955 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: BREAKFIELD, P. THOMAS, III
Address: 945 BLUEGRASS LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: T () Delete
Name: BURKEY, BELINDA
Address: 891 JAMESTOWN DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD () Delete
Name: GOMPF, RAYMOND H.,
Address: 925 MEADOWLARK LANE
City-St-Zip: MERRITT ISLAND, FL

Title: VP () Delete
Name: GILFILEN, WALTER L
Address: 912 JEFFERSON RD
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: RABITS, STEVEN M
Address: 2100 RIVER OAKS CT
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BREAKFIELD, III, P. THOMAS MR.
Address: 945 BLUEGRASS LANE
City-St-Zip: ROCKLEDGE, FL 32955

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

Title: SD (X) Change () Addition
Name: GOMPF, RAYMOND H
Address: 925 MEADOWLARK LANE
City-St-Zip: MERRITT ISLAND, FL

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 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: P. THOMAS BREAKFIELD III

PD

04/24/2006

Electronic Signature of Signing Officer or Director

Date