

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752246

FILED  
Feb 13, 2008  
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, III, P. THOMAS MR.  
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 (X) Delete  
Name: RABITS, STEVEN M  
Address: 2100 RIVER OAKS CT  
City-St-Zip: ROCKLEDGE, FL 32955

**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: P. THOMAS BREAKFIELD, III

PD

02/13/2008

Electronic Signature of Signing Officer or Director

Date