


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90036 001 ****70.00

DOCUMENT # N00000000218		
1. Entity Name ROCK WAY CHURCH OF GOD PILLAR AND GROUND OF TRUTH, INC.		
Principal Place of Business 2711 NW 169TH TERR MIAMI FL 33056		Mailing Address 2711 NW 169TH TERR MIAMI FL 33056
2. Principal Place of Business ROCKWAY MINISTRY	3. Mailing Address 2711 NW 169TH TERR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State MIAMI, Florida	City & State MIAMI, Florida	
Zip 33056	Country	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 65-0988316		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JACKSON, JOSEPH 2711 N.W. 169 TERR. MIAMI FL 33056		
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 May 1, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, JOSEPH 2711 N.W. 169 TERR. MIAMI FL 33056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSEPH JACKSON <input type="checkbox"/> Change <input type="checkbox"/> Addition President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THIBU, LEROY 2016 N.W. 132 ST. MIAMI FL 33167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEROY THIBU <input type="checkbox"/> Change <input type="checkbox"/> Addition Trustee
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANNING, JOSEPH 2980 N.W. 164TH TERR. MIAMI FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSEPH MANNING <input type="checkbox"/> Change <input type="checkbox"/> Addition Trustee
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **X Joseph JACKSON** **President** **4-15-2005 (305) 621-1612**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #