

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N00000000218

1. Entity Name

ROCK WAY CHURCH OF GOD PILLAR AND GROUND OF
TRUTH, INC.



Principal Place of Business

1 ROCKWAY MINISTRY
MIAMI FL 33056

Mailing Address

2711 NW 169TH TERR
MIAMI FL 33056

2. Principal Place of Business

Rockway ministry

Suite, Apt. #, etc.

3. Mailing Address

2711 NW. 169th Terr

Suite, Apt. #, etc.

City & State

miami, Florida

City & State

Zip **33056** Country **U.S.A**

Zip

Country

6. Name and Address of Current Registered Agent

JACKSON, JOSEPH
2711 N.W. 169 TERR.
MIAMI FL 33056

Name

Street Address (P.O. Box Number is Not Acceptable)

City

EL 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, 2006**

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 P Delete
NAME JACKSON, JOSEPH
STREET ADDRESS 2711 N.W. 169 TERR.
CITY-ST-ZIP MIAMI FL 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*Joseph Jackson
President*

Change Addition

TITLE T Delete
NAME THIBU, LEROY
STREET ADDRESS 2016 N.W. 132 ST.
CITY-ST-ZIP MIAMI FL 33167

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*Leroy Thibu
Trustee*

Change Addition

TITLE T Delete
NAME MANNING, JOSEPH
STREET ADDRESS 2980 N.W. 164TH TERR.
CITY-ST-ZIP MIAMI FL 33054

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*Joseph Manning
Trustee*

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Alberto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Mar 23, 2006 8:00 am
Secretary of State**

03-23-2006 90012 022 ****70.00



1st MOORE CR2E037 (10/05)

4. FEI Number	65-0988316	Applied For
		Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		
Name _____		
Street Address (P.O. Box Number is Not Acceptable) _____		
City _____		
EL		Zip Code _____

3/13/06 (305)621-1612